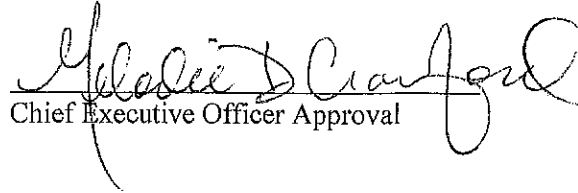


Date of Board Approval: 12-10-2014


Chief Executive Officer Approval

FY 14-15 and FY 15-16 310 Board 2-Year Plan:

Name of 310 Board: Mental Health Board of Chilton and Shelby Counties, Inc.

County(s) Served: Chilton and Shelby Counties

Population(s) served: Mental Illness, Intellectual Disabilities, and Substance Abuse

Vision Statement: We will provide the highest quality of service to individuals with mental illness, intellectual disabilities and substance abuse disorders and their families as resources are available and we will strive to be the premier mental health center in the state.

Mission Statement: The Mental Health Board of Chilton and Shelby Counties, Inc. (CSMHC) is committed to providing the highest quality of behavioral healthcare services to residents primarily but not limited to Chilton and Shelby Counties whose lives are impacted by mental illness, intellectual disabilities, substance abuse and/or emotional disturbance. Our mission is to assist these individuals in their recovery process. Program success of individuals with mental illness, intellectual disabilities, and substance abuse will be evidenced by improvements in social functioning, independent living functions and absence of or reduction in intensity and/or frequency of symptoms. We strive to provide easy access to services that are medically necessary, clinically appropriate, effective, efficient and safe, as resources are available. These services will be delivered in the least restrictive environment that maintains safety, produces optimal clinical outcomes, ensures that client rights are protected, results in high client satisfaction and increases the clinical proficiency of staff.

I. Plan Development:

A. Describe your established planning cycle.

The Board conducts an Annual Public Board Meeting to receive input from citizens of Chilton and Shelby Counties and surrounding areas. The input is targeted towards current and needed mental health services in our local areas as well as the State of Alabama. This information is necessary in order to facilitate a local needs assessment summary which is utilized in developing the Board's 2-Year Plan. The Board meets annually to review 2-year goals and assess needed changes and the sustainability of current services. The Board also reviews the Agency CQI Plan developed by the Leadership Team when applicable. Family and Client survey results are reviewed as well as other stakeholders' input that has been received and submitted. The Board reviews the fiscal operations and the policies and procedures of the agency. The Prevention Staff and Leadership Team facilitate a Community Prevention Needs Assessment which is also reviewed by the Board annually. Information from the Needs Assessments conducted by the Chilton County and Shelby County Children's Policy Councils, that is relevant to the Board's mission, is also included in the Board's planning process.

B. What are the roles of the key stakeholders?

We partner with our stakeholders to provide continual improvements in our service delivery system within our local community. We strive to continually improve our system of care by developing these local partnerships. Our key stakeholders provide input into the development of agency goals.

Clients, families, state and community agencies, state and local government officials, community coalitions, advocacy groups, children's policy councils, judicial and correctional systems, healthcare systems, education teams, Human Rights Committee and certification teams make up the stakeholders utilized by our Board during plan development.

C. How is the plan implementation monitored and evaluated?

Plan implementation is achieved through the use of the following resources which also allow us to monitor and implement needed changes:

- Monthly CQI meetings
- Quarterly CQI reports to the Board
- Monthly fiscal operations review with the Board
- Review of client and family grievances
- Yearly client and family surveys
- Center wide suggestion boxes located in each office and reviewed by CEO is used to receive input daily from clients/families/caregivers and staff
- Weekly random outpatient surveys are given to clients regarding their primary therapist care
- Certification Site Visit Results
- Advocacy Monitoring Reports
- Regularly scheduled program staff meetings
- Feedback from attendees of Annual Board Meetings
- Monthly Corporate Compliance Audits
- Monthly Leadership Team Meetings
- Employee Satisfaction Survey
- Employee Exit Interviews
- Human Rights Committee
- Behavioral Program Review Committee

II. Plan Components: FY 2014 to 2016

A. Populations

1. Describe the population(s) served.

Children, adolescents, adults and geriatrics affected by mental illness, intellectual disabilities, and substance abuse disorders and prevention and education services for at risk youth and their families.

2. Describe the demographics.

See Attachment A

B. Community Needs/Services Priorities

1. How do you assess needs?

Please see information included in the planning cycle and key roles of stakeholders as earlier stated in the plan. Examples include: Input received from clients, families, legal representatives, staff, advocates and certification teams. Feedback from attendees of the Annual Board Meetings, requests and suggestions from community, legal and government agencies and community based assessments.

2. What are the greatest area(s) of unmet need(s)?

- Equitable state and local funding for CSMHC to hire adequate workforce and secure facilities to serve the expanding needs/expectations of clients and their families in the community.
- Adequate funding to CSMHC for the continuation of current services and supports from state and local government.
- Funding for Capital Improvements for CSMHC
- Funding for expansion of technology and Electronic Medical Records System for CSMHC and an IT Director
- Public Community Transportation
- Additional Acute Care Inpatient Beds
- Expansion of affordable and supportive housing for independent living for MI & ID clients
- Residential treatment for children, adolescents, transitional youth and geriatric population
- Expansion of Adult and Children Evidenced Based In-Home Treatment Teams
- Continuum of services for individuals with developmental disabilities and substance abuse issues
- Expansion of community client and family support groups
- Expansion of ID Personal Care Services
- Expansion of Supportive Employment for ID, MI, & SA
- Difficulty in recruiting and maintaining Peer Support Specialists

C. Services/Supports – Describe the services/supports provided and needed expansions.

Service/Supports Currently Provided by CSMHC:

See Attachment B which contains the CSMHC Program Descriptions. Program Descriptions are also located in the CSMHC Policy and Procedure Manual.

Needed Expansions: The following list includes several of the needed expansions identified during the CSMHC 310 Board Annual Public Meetings/Community Needs Assessment Meetings and the entire planning cycle but funding is currently unavailable:

- Expansion of all Children Services
- Public Transportation for all clients that qualify and funding to purchase additional contract transportation slots for identified clients attending the day programs, from ClasTran and Chilton County Transit and other public transportation
- Additional Vocational Supports for MI and ID
- Expansion of Supportive Residential Services for MI
- Affordable Assisted Living for aging MI/ID population
- SA Intervention Treatment Group for Adolescents
- Expansion of Evidenced Based In-Home Supports for MI and ID Adults, Adolescents and Children
- Development of ID and MI Respite Services
- Expansion of MI Community Acute Care Residential Beds
- MI Community Group Homes
- Expansion of MI, ID and SA Case Management Services
- Community Drop-In Center for MI Adults
- Services for individuals who do not meet Medicaid Waiver eligibility
- Equitable state and local funding for CSMHC to hire adequate workforce and secure facilities to serve the expanding needs/expectations of clients and their families in the community.
- Adequate funding to CSMHC for the continuation of current services and supports from state and local government.
- Funding for Capital Improvements for CSMHC
- Funding for the expansion of technology and Electronic Medical Records System for CSMHC and IT Director
- Telemedicine
- Expansion of Shelby County Jail Services
- ID Personal Care Services
- Vocational Support for SA
- Supportive Residential Services for ID and SA

D. Resource Development & Allocation – Describe current funding resources and future funding resources for planned expanded capacity (i.e. budget documents), if applicable.

1. Current Sources of Funding for CSMHC:

- DMH/ID/SA
- Medicaid/Medicare
- Private Pay
- Third Party Insurers
- Chilton County Commission
- Chilton County United Way
- Shelby County Community Health Foundation
- Alabama Department of Youth Services
- Contributions and Fundraisers
- Shelby County Board of Education
- Region II Outplacement Project Funding
- Chilton & Shelby County Probate Courts
- Vocational Rehabilitation Services
- USAC Grant
- Community Action Agency of Central Alabama
 - CAACA Head Start/Early Head Start
- Alabaster City Schools

2. Future Sources of Funding:

Same as Current Sources of Funding

Refer to Attachment C which is a copy of the CSMHC FY 2012-2013 Financial Audit

III. CSMHC 310 Board Goals/Objectives: FY 2014-2016

A. Increase Revenues

1. Business structure reorganization
2. Participate in Medicaid systemic transformation in order to maximize reimbursement income
3. Increase billing and accuracy
4. Develop & expand SA Programs
5. Expand MI Group Therapy opportunities
6. Improve client satisfaction
7. Improvements in collections and procedures in the outpatient offices
8. Consistently monitor the attainment of productivity quotas for designated staff
9. Expand ID Programs to include Personal Care Services and Supportive Employment
10. Continue and improve partnerships with other community agencies to expand services and funding opportunities

11. Improve technology and complete the implementation of Electronic Medical Records System and hire an IT Director
12. Advocate for adequate state and local funding
13. Expand Vocational Rehabilitation Services Program

B. Staff Retention

1. Continue to increase and improve morale by expanding Staff Appreciation Activities
2. Improve Staff Training Program and New Employee Orientation
3. Continue to improve salaries and benefits as funding permits
4. Streamline work tasks
5. Continue to make improvements in the agency facilities, equipment and training materials to provide efficiency and improvements in job performance
6. Continue surveying employees regarding retention and supervision
7. Improve interagency communication
8. Implement the Employee Satisfaction Survey and utilize results to improve employee job performance
9. Monitoring size of caseloads to maintain productivity and job satisfaction


C. Service Expansion

1. Expand the MI Peer and Community Support Programs
2. Expand the MI and ID Supportive Housing Programs
3. Expand ID Personal Care Services
4. Expand and Improve the SA Division Programs
5. Expand Supportive Employment Program
6. Develop a Co-Occurring Program separate from the current service delivery capabilities
7. Expand school based services

D. Improve and Promote Public Awareness of Agency

1. Continue to utilize Prevention Staff
2. Improve Consultation and Education Program
3. Increase utilization of community publications to increase public awareness and to promote the reduction of the inappropriate Mental Illness stigma within the community
4. Improve and update company web page

ATTACHMENT A



Topics
 Population, Economy

Geography
 Maps, Geographic Data

Library
 Infographics, Publications

Data
 Tools, Developers

About the Bureau
 Research, Surveys

Newsroom
 News, Events, Blogs

State & County QuickFacts

Chilton County, Alabama

People QuickFacts	Chilton County	Alabama
Population, 2013 estimate	43,951	4,833,722
Population, 2010 (April 1) estimates base	43,642	4,779,758
Population, percent change, April 1, 2010 to July 1, 2013	0.7%	1.1%
Population, 2010	43,643	4,779,736
Persons under 5 years, percent, 2013	6.5%	6.1%
Persons under 18 years, percent, 2013	24.2%	23.0%
Persons 65 years and over, percent, 2013	14.9%	14.9%
Female persons, percent, 2013	50.8%	51.5%
White alone, percent, 2013 (a)	87.5%	69.8%
Black or African American alone, percent, 2013 (a)	10.3%	26.6%
American Indian and Alaska Native alone, percent, 2013 (a)	0.5%	0.7%
Asian alone, percent, 2013 (a)	0.4%	1.3%
Native Hawaiian and Other Pacific Islander alone, percent, 2013 (a)	0.2%	0.1%
Two or More Races, percent, 2013	1.1%	1.5%
Hispanic or Latino, percent, 2013 (b)	7.7%	4.1%
White alone, not Hispanic or Latino, percent, 2013	80.7%	66.4%
Living in same house 1 year & over, percent, 2008-2012	88.6%	84.9%
Foreign born persons, percent, 2008-2012	4.7%	3.5%
Language other than English spoken at home, pct age 5+, 2008-2012	7.2%	5.2%
High school graduate or higher, percent of persons age 25+, 2008-2012	75.7%	82.6%
Bachelor's degree or higher, percent of persons age 25+, 2008-2012	12.5%	22.3%
Veterans, 2008-2012	3,144	398,343
Mean travel time to work (minutes), workers age 16+, 2008-2012	32.9	24.1
Housing units, 2013	19,098	2,189,938
Homeownership rate, 2008-2012	75.1%	70.2%
Housing units in multi-unit structures, percent, 2008-2012	4.1%	15.8%
Median value of owner-occupied housing units, 2008-2012	\$103,700	\$122,300
Households, 2008-2012	16,293	1,837,576
Persons per household, 2008-2012	2.65	2.54
Per capita money income in past 12 months (2012 dollars), 2008-2012	\$21,132	\$23,587
Median household income, 2008-2012	\$40,834	\$43,160
Persons below poverty level, percent, 2008-2012	18.6%	18.1%
Business QuickFacts	Chilton County	Alabama
Private nonfarm establishments, 2012	693	97,938 ¹
Private nonfarm employment, 2012	6,800	1,585,761 ¹
Private nonfarm employment, percent change, 2011-2012	2.3%	0.8% ¹
Nonemployer establishments, 2012	2,699	315,382
Total number of firms, 2007	S	362,350
Black-owned firms, percent, 2007	S	14.8%
American Indian- and Alaska Native-owned firms, percent, 2007	S	0.8%
Asian-owned firms, percent, 2007	S	1.8%

Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	S	0.1%
Hispanic-owned firms, percent, 2007	S	1.2%
Women-owned firms, percent, 2007	S	28.1%

Manufacturers shipments, 2007 (\$1000)	D	112,858,843
Merchant wholesaler sales, 2007 (\$1000)	155,139	52,252,752
Retail sales, 2007 (\$1000)	359,910	57,344,851
Retail sales per capita, 2007	\$8,496	\$12,364
Accommodation and food services sales, 2007 (\$1000)	34,073	6,426,342
Building permits, 2012	17	13,506

Geography QuickFacts	Chilton County	Alabama
Land area in square miles, 2010	692.85	50,645.33
Persons per square mile, 2010	63.0	94.4
FIPS Code	021	01
Metropolitan or Micropolitan Statistical Area	Birmingham-Hoover, AL Metro Area	

1: Includes data not distributed by county.

(a) Includes persons reporting only one race.

(b) Hispanics may be of any race, so also are included in applicable race categories.

D: Suppressed to avoid disclosure of confidential information

F: Fewer than 25 firms

FN: Footnote on this item for this area in place of data

NA: Not available

S: Suppressed; does not meet publication standards

X: Not applicable

Z: Value greater than zero but less than half unit of measure shown

Source: U.S. Census Bureau; State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits
Last Revised: Tuesday, 06-Jul-2014 08:42:35 EDT

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 Tools, Developers

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 Research, Surveys

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 News, Events, Blogs

State & County QuickFacts

Shelby County, Alabama

People QuickFacts	Shelby County	Alabama
Population, 2013 estimate	204,180	4,833,722
Population, 2010 (April 1) estimates base	195,078	4,779,758
Population, percent change, April 1, 2010 to July 1, 2013	4.7%	1.1%
Population, 2010	195,085	4,779,736
Persons under 5 years, percent, 2013	6.1%	6.1%
Persons under 18 years, percent, 2013	24.7%	23.0%
Persons 65 years and over, percent, 2013	12.4%	14.9%
Female persons, percent, 2013	51.2%	51.5%
White alone, percent, 2013 (a)	84.4%	69.8%
Black or African American alone, percent, 2013 (a)	11.8%	26.6%
American Indian and Alaska Native alone, percent, 2013 (a)	0.4%	0.7%
Asian alone, percent, 2013 (a)	2.1%	1.3%
Native Hawaiian and Other Pacific Islander alone, percent, 2013 (a)	0.1%	0.1%
Two or More Races, percent, 2013	1.3%	1.5%
Hispanic or Latino, percent, 2013 (b)	6.0%	4.1%
White alone, not Hispanic or Latino, percent, 2013	78.8%	66.4%
Living in same house 1 year & over, percent, 2008-2012	86.6%	84.9%
Foreign born persons, percent, 2008-2012	6.1%	3.5%
Language other than English spoken at home, pct age 5+, 2008-2012	8.2%	5.2%
High school graduate or higher, percent of persons age 25+, 2008-2012	91.5%	82.6%
Bachelor's degree or higher, percent of persons age 25+, 2008-2012	40.5%	22.3%
Veterans, 2008-2012	13,858	398,343
Mean travel time to work (minutes), workers age 16+, 2008-2012	29.4	24.1
Housing units, 2013	82,471	2,189,938
Homeownership rate, 2008-2012	79.6%	70.2%
Housing units in multi-unit structures, percent, 2008-2012	11.8%	15.8%
Median value of owner-occupied housing units, 2008-2012	\$198,000	\$122,300
Households, 2008-2012	73,624	1,837,576
Persons per household, 2008-2012	2.62	2.54
Per capita money income in past 12 months (2012 dollars), 2008-2012	\$34,081	\$23,587
Median household income, 2008-2012	\$69,379	\$43,160
Persons below poverty level, percent, 2008-2012	7.7%	18.1%
Business QuickFacts	Shelby County	Alabama
Private nonfarm establishments, 2012	4,798	97,938 ¹
Private nonfarm employment, 2012	74,570	1,585,761 ¹
Private nonfarm employment, percent change, 2011-2012	-0.4%	0.8% ¹
Nonemployer establishments, 2012	15,459	315,382
Total number of firms, 2007	18,393	382,350
Black-owned firms, percent, 2007	5.7%	14.8%
American Indian- and Alaska Native-owned firms, percent, 2007	0.6%	0.8%
Asian-owned firms, percent, 2007	S	1.8%

Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	2.0%	1.2%
Women-owned firms, percent, 2007	30.5%	28.1%

Manufacturers shipments, 2007 (\$1000)	1,723,017	112,858,843
Merchant wholesaler sales, 2007 (\$1000)	4,385,596	52,252,752
Retail sales, 2007 (\$1000)	2,520,488	57,344,851
Retail sales per capita, 2007	\$13,737	\$12,364
Accommodation and food services sales, 2007 (\$1000)	301,893	6,426,342
Building permits, 2012	844	13,506

Geography QuickFacts	Shelby County	Alabama
Land area in square miles, 2010	784.93	50,645.33
Persons per square mile, 2010	248.5	94.4
FIPS Code	117	01
Metropolitan or Micropolitan Statistical Area	Birmingham-Hoover, AL Metro Area	

1: Includes data not distributed by county.

(a) Includes persons reporting only one race.

(b) Hispanics may be of any race, so also are included in applicable race categories.

D: Suppressed to avoid disclosure of confidential information

F: Fewer than 25 firms

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Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits
Last Revised: Tuesday, 08-Jul-2014 06:42:35 EDT

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||||

[Back](#)**Chilton County, AL**

PO BOX 1948
County Courthouse
Clanton, AL 35046-1948
Phone: (205)755-1551
Website: <http://www.chiltoncounty.org/>
County Seat: Clanton
Year Organized: 1868
Square Miles: 692.85
Size of Board: 7
[Google Map View](#)

NACo Member County[Print](#)

County Populations			
1980	1990	2000	2010
30,381	32,458	39,593	43,643

[Places in Chilton County](#)
[Census Bureau Quick Facts](#)

Elected Officials	Position
Bobby Agee	Commissioner, District 1
Allen Caton	Chairman
Lamar Hayes	Commissioner, District 3
Joseph Headley	Commissioner
Gren Moore	Commissioner
Shannon Welch	Commissioner
Kevin Lee Davis	Sheriff
Glen McGriff	County Tax Assessor
Gerald McKinnon	County Tax Collector

[Back](#)**Shelby County, AL**

PO BOX 467
 County Administration Building
 Columbiana, AL 35051-0467
 Phone: (205)670-6550
 Website: <http://www.shelbyal.com>
 County Seat: Columbiana
 Year Organized: 1818
 Square Miles: 784.93
 Size of Board: 9
[Google Map View](#)

NACo Member County[Print](#)

County Populations			
1980	1990	2000	2010
65,876	99,358	143,293	195,085

[Places in Shelby County](#)
[Census Bureau Quick Facts](#)

Elected Officials	Position
Daniel Acker	Commissioner, District 4
Lindsey Allison	Chairman, District 7
Elwyn Bearden	Commissioner, District 5
Tommy Edwards	Commissioner, District 2
Corley Ellis	Commissioner, District 1
Robbie Hayes	Commissioner, District 9
Jon Parker	Commissioner, District 3
Rick Shepherd	Commissioner, District 8
Mike Vest	Commissioner, District 6
Chris Curry	Sheriff

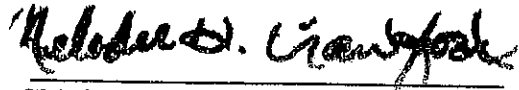
ATTACHMENT B

Intellectual Disabilities Division
Program Descriptions

Program Description	Page Number
Mitchell Center Day Hab	1-1b
Personal Care Services	2-2a
Case Management	3-3a
South Pointe I	4-4b
South Pointe II	5-5b
South Pointe III	6-6b
Mitchell Center Prevocational Services	7-7b
Supportive Employment Program	8-8b
Shiloh Creek I	9-9b
Shiloh Creek II	10-10b
Shiloh Creek III	11-11b

Date of Board Approval: 9-12-07

Date of Revision: 6-10-09; 8-14-13



Chief Executive Officer Approval

**Chilton Shelby Mental Health Center
Intellectual Disabilities Division**

Name of Program

Mitchell Center Day Habilitation

Definition

Mitchell Center Day Habilitation is a program for adult residents of Chilton and Shelby Counties with intellectual disabilities and/or developmental disabilities. Mitchell Center Day Habilitation services include planning, training, coordination, and support to enable and increase independent functioning, physical health and development, communication development, cognitive training, socialization, community integration, domestic and economic management, behavior management, assistance with medication, and responsibility and self direction. These services are designed to assist individuals in acquiring, retaining, and improving their self-help, socialization and adaptive skills necessary to reside successfully in home and community based settings.

Location

The Mitchell Center Day Habilitation program is located at 67 County Road 67 in Calera, AL.

Hours of Operation

The program operates Monday through Friday from 9:00 a.m. to 2:00 pm., except on scheduled holidays.

Program Philosophy

The overall philosophy of Chilton Shelby Mental Health Center's Intellectual Disabilities Division is that all people, regardless of disability, have the right to pursue their personal goals and dreams in an environment that protects their rights as a human. Therefore, Chilton Shelby Mental Health Center will assist people in the pursuit of their personal goals and dreams by adhering to these performance standards:

- Ensuring people are connected to natural support networks
- Ensuring people are safe
- Ensuring people experience the best possible health
- Ensure people have the freedom to exercise basic human rights
- Ensure people are free from abuse, neglect, mistreatment
- Ensure people live in integrated environments to the extent possible
- Ensure people are integrated into the community to the extent possible
- Ensure people are treated with respect and dignity

Program/Service Components

The following services are provided within the program to facilitate acquisition and retention of

- Communication skills
- Sensory motor skills
- Personal skills
- Social skills
- Self help skills
- Assistance/training in daily living activities (laundry, shopping, meal planning, meal preparation, housekeeping, grooming and cleanliness)
- Social and adaptive skills building activities
- Recreation/leisure instruction
- Assisting clients to access public transportation

Admission Criteria

Anyone enrolled in the Day Habilitation program must meet the following criteria:

- Eighteen (18) years of age or older
- Resident of Chilton or Shelby County
- Meets the AAMR definition of intellectual disabilities and the Federal definition of developmental disability
- Documentation of the following assessments have been completed within 90 days prior to admission and have been provided:
 - Standardized Intellectual Functioning Assessment
 - Adaptive Skills Assessment
 - Medical Evaluation by a licensed physician
 - Social, Developmental and Family History

Continued Stay Criteria

Expected length of stay is determined by the client's identified human service needs.

The following criteria must be met for continued stay:

- Client maintains eligibility for program services in regard to admission criteria.
- Client agrees to participate in the Day Habilitation program
- Client continues to demonstrate unmet service needs as identified in the Habilitation Plan
- Services provided are considered to be the least restrictive setting for the client

Transfer/Discharge Criteria

All of the following must be met for transfer/discharge:

- Clients who have achieved goals and objectives of the Habilitation Plan offered at Day Habilitation level of Training
- Client has demonstrated ability and willingness to progress into another level of training
- Client refuses to participate in Day Habilitation program

Exclusionary Criteria

Exclusionary criteria for the Day Habilitation program includes the following:

- Client does not meet AAMR definition of intellectual disabilities or the Federal definition for developmental disability

Appeal Process

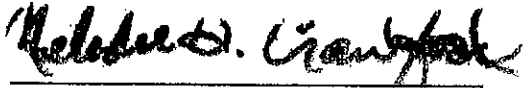
Any person who does not agree with a decision regarding admission, continued stay, transfer, discharge or exclusion to the program may file a complaint or grievance by following the established Complaint/Grievance policy and procedure.

Staffing

Program is clinically supervised by the Division Director who has a master's degree in a field of study appropriate for the division, two years post graduate experience and is designated as a QDDP by the Department of Mental Health. The Program Coordinator who has completed two years of college and has at least five years of experience working with individuals who have intellectual disabilities and/or developmental disabilities. Mental Health Technicians with at least a high school diploma and a minimum of one year experience in the field and Mental Health Worker I's who have a high school diploma provide instruction and training for developing identified skills.

Date of Board Approval: 8-14-13

Date of Revision: 8-14-13



Chief Executive Officer Approval

**Chilton Shelby Mental Health Center
Intellectual Disabilities Division**

Name of Program

Personal Care Services

Definition

Personal Care Services is a program for adult residents of Chilton and Shelby Counties with intellectual disabilities and/or developmental disabilities that have been approved for Personal Care Services through the Medicaid Waiver. Services include assistance with daily living activities which includes accompaniment, coaching and minor problem solving necessary to achieve the objectives of increased independence, productivity and inclusion in the community.

Location

Typically provided at the client's residence.

Hours of Operation

Hours of operation are varied based on client need.

Program/Service Components

The following services may be provided within the program based on client need and preference:

- Communication skills
- Sensory motor skills
- Personal skills
- Social skills
- Self help skills
- Assistance/training in daily living activities (laundry, shopping, meal planning, meal preparation, housekeeping, grooming and cleanliness)
- Social and adaptive skills building activities
- Recreation/leisure instruction
- Assisting clients to access public transportation

Admission Criteria

Anyone enrolled in the Personal Care program must meet the following criteria:

- Eighteen (18) years of age or older
- Resident of Chilton or Shelby County

- Meets the AAMR definition of intellectual disabilities and the Federal definition of developmental disability
- Approved for Personal Care Services through the Medicaid Waiver
- Documentation of the following assessments have been completed within 90 days prior to admission and have been provided:
 - Standardized Intellectual Functioning Assessment
 - Adaptive Skills Assessment
 - Medical Evaluation by a licensed physician
 - Social, Developmental and Family History

Continued Stay Criteria

Expected length of stay is determined by the client's identified human service needs.

The following criteria must be met for continued stay:

- Client maintains eligibility for program services in regard to admission criteria.
- Client agrees to participate in the Personal Care Services program
- Client continues to demonstrate unmet service needs as identified in the Lifestyle Support Plan
- Services provided are considered to be the least restrictive setting for the client

Transfer/Discharge Criteria

All of the following must be met for transfer/discharge:

- Clients who have achieved goals and objectives of the Lifestyle Support Plan offered at the Personal Care Services level of care
- Client has demonstrated ability and willingness to progress into another level of training
- Client refuses to participate in Personal Care Services program
- Client or family request discharge from Personal Care Services

Exclusionary Criteria

Exclusionary criteria for the Personal Care Services program includes the following:

- Client does not meet AAMR definition of intellectual disabilities or the Federal definition for developmental disability
- Does not meet eligibility for the Medicaid Waiver

Appeal Process

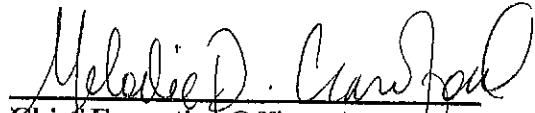
Any person who does not agree with a decision regarding admission, continued stay, transfer, discharge or exclusion to the program may file a complaint or grievance by following the established Complaint/Grievance policy and procedure.

Staffing

Program is supervised by a QDDP who must visit the person, in person at least every 90 days. Mental Health Technicians with at least a high school diploma and a minimum of one year experience in the field and Mental Health Worker I's who have a high school diploma provide instruction and training for developing identified skills.

Date of Board Approval: 01-09-02

Date of Revision: 6-10-09; 8-14-13


Chief Executive Officer Approval

**Chilton Shelby Mental Health Center
Intellectual Disabilities Division**

Name of Program

Case Management

Definition

Services designed to link clients with necessary community support systems and advocacy when the client or family member is unable to do so.

Location

Case management services are typically provided in the community setting.

Hours of Operation

Monday through Friday, 8:00 a.m. until 4:30 p.m. with after hour's services available as needed.

Program Philosophy

The overall philosophy of Chilton Shelby Mental Health Center's Intellectual Disabilities Division is that all people, regardless of disability, have the right to pursue their personal goals and dreams in an environment that protects their rights as a human. Therefore, Chilton Shelby Mental Health Center will assist people in the pursuit of their personal goals and dreams by adhering to these performance standards:

- Ensuring people are connected to natural support networks
- Ensuring people are safe
- Ensuring people experience the best possible health
- Ensure people have the freedom to exercise basic human rights
- Ensure people are free from abuse, neglect, mistreatment
- Ensure people live in integrated environments to the extent possible
- Ensure people are integrated into the community to the extent possible
- Ensure people are treated with respect and dignity

Program/Service Components

Services provided are based upon client need and may include any of the following:

- Systematic evaluation/reevaluation of client human service needs and development of written plan of care
- Linkage and service arrangement to community services
- Assistance through crisis situations
- Arrange to meet transportation needs

- Advocacy
- Monitoring clients access to, linkage with, and usage of community support

Admission Criteria

The following criteria must be met for admission:

- The client meets the AAMR definition of intellectual disabilities and/or
- The client meets the Federal DD definition for developmental disabilities
- The client is a resident of Chilton or Shelby County
- Client has human service needs as identified in the SUN-R Needs Assessment
- Client is willing to participate in case management services

Continued Stay Criteria

Expected length of stay is determined by client human service needs. The following criteria must be met for continued stay:

- Client continues to have unmet human service needs as identified on the SUN-R Needs Assessment
- Client continues to agree to participate in case management services

Transfer/Discharge Criteria

The following criteria must be met for transfer/discharge:

- The SUN-R Needs Assessment has no human service needs identified
- Client refuses to participate in case management services
- Client is unable to benefit from case management services

Exclusionary Criteria

Exclusionary criteria for case management services includes the following:

- There are no identified human service needs on the SUN-R Needs Assessment
- Client does not meet AAMR definition of intellectual disabilities or the Federal DD definition for developmental disabilities

Appeal Process

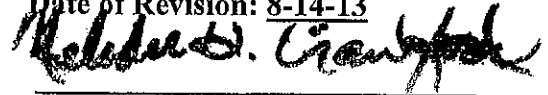
Any person who does not agree with a decision regarding admission, continued stay, transfer, discharge or exclusion to the program may file a complaint or grievance by following the established Complaint/Grievance policy and procedure.

Staffing

Program is clinically supervised by a master's level staff with two (2) year's post master's experience, who is designated as a QDDP by the Department of Mental Health and who has completed a DMH approved case management training; bachelor's level staff who have completed a DMH approved case management training program and possess a valid driver's license.

Date of Board Approval: 4-11-2012

Date of Revision: 8-14-13



Chief Executive Officer Approval

**Chilton Shelby Mental Health Center
Intellectual Disabilities Division**

Name of Program

South Pointe I

Definition

Residential services are designed to offer residential habilitation services to individuals from Chilton and Shelby counties who are diagnosed with an intellectual disability. These services are designed to provide intensive training and support in order to enable the resident to reach his/her maximum potential and live in the least restrictive setting.

Location

South Pointe I is located at 258 Shiloh Creek Drive in Calera, Alabama 35040

Hours of Operation

This home operates twenty-four (24) hours a day, seven (7) days a week.

Program Philosophy

The overall philosophy of Chilton Shelby Mental Health Center's Intellectual Disabilities Division is that all people, regardless of disability, have the right to pursue their personal goals and dreams in an environment that protects their rights as a human. Therefore, Chilton Shelby Mental Health Center will assist people in the pursuit of their personal goals and dreams by adhering to these performance standards:

- Ensuring people are connected to natural support networks
- Ensuring people are safe
- Ensuring people experience the best possible health
- Ensure people have the freedom to exercise basic human rights
- Ensure people are free from abuse, neglect, mistreatment
- Ensure people live in integrated environments to the extent possible
- Ensure people are integrated into the community to the extent possible
- Ensure people are treated with respect and dignity

Program/Service Components

Services provided are based on individual client needs but may include the following:

- Housing
- Nutritious meals and snacks
- Medication management

- Transportation services
- Communication skills training
- Independent Living Skills (money management, laundering, meal preparation, shopping, Transportation, housekeeping, personal hygiene, nutrition, and health and safety)
- Social skills training
- Education regarding psychiatric illness
- Family support and education
- Recreational activities
- Assistance with accessing the following services:
 - Mental health services including case management services
 - Medical and dental services
 - Hearing and vision services
 - Educational services
 - Vocational services
 - Community resources and services
 - Applying for benefits
 - Locating long term community placement in least restrictive setting
 - Referral to appropriate resources (DHR, Probate Court, etc.) for clients who may need a legal guardian while residing in the program

Admission Criteria

The following are criteria for admission to residential services:

- 18 years of age or older
- Have treatment needs that can be met through residential services
- Residential services are the least restrictive level of treatment available
- Willingness to participate in daily activities as outlined in the Individual Support Plan
- Meet the definition of Intellectual Disabilities and the Federal definition of Developmental Disabilities as defined by the Alabama Department of Mental Health
- An Inventory for Client and Agency Planning
- A medical evaluation by a licensed physician and an Individual and Family History completed within 90 days prior to admission.

Continued Stay Criteria

An individualized expected length of stay will be established for each resident living in the group home. The initial individualized length of stay will be based on the resident's presenting needs.

Criteria for continued stay include:

- Re-determination of eligibility according to funding source requirements.
- Client chooses to remain in residential services
- Client exhibits symptoms/behaviors that interfere with the ability to cope with daily situations.
- Regulation of medication under close supervision is needed.
- Client exhibits inadequate daily living and social skills/behaviors needed to live in a less restrictive setting.
- Progress has been made and a regression is anticipated if the client is discharged to a less intense level of care.

Transfer/Discharge Criteria

At least one of the following must be met for transfer/discharge:

- Client no longer meets admission criteria or meets criteria for a more or less intense level of care
- Client has requested transfer to another service or level of care
- Client has achieved all habilitation goals and is no longer in need of residential services

Exclusionary Criteria

Exclusionary criteria for residential services include the following:

- Principal diagnosis of alcoholism or drug dependence
- Primary physical disorder (serious illness requiring hospital care, nursing care, home health care or impaired mobility which prohibits participation in program services)
- Resident poses a threat to the safety and welfare of other residents
- Exacerbation of symptoms indicating that a more restrictive level of care would be more appropriate in meeting the individual's treatment needs.

Appeal Process

Any person who does not agree with a decision regarding admission, continued stay, transfer, discharge or exclusion to the program may file a complaint or grievance by following the established Complaint/Grievance policy and procedure.

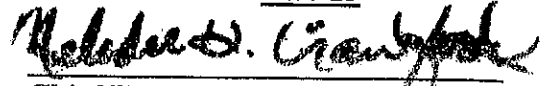
Staffing

The staffing will include:

- Part time QDDP who is a human services professional with at least one year of experience working with persons who have a developmental/intellectual disability.
- Residential Manager with a high school diploma, valid Alabama driver's license and a minimum of one year working with persons with a developmental/intellectual disability.
- Technicians with a high school diploma and at least one year of residential experience.
- There will be one staff person present for the day time and evening hours. Additionally, there will be a staff person for the evening and early morning hours. There will be one (1) awake staff person for the overnight hours.
- There will also be an emergency on-call staff person.

Date of Board Approval: 4-11-2012

Date of Revision: 8-14-13



Chief Executive Officer Approval

**Chilton Shelby Mental Health Center
Intellectual Disabilities Division**

Name of Program

South Pointe II

Definition

Residential services are designed to offer residential habilitation services to individuals from Chilton and Shelby counties who are diagnosed with an intellectual disability. These services are designed to provide intensive training and support in order to enable the resident to reach his/her maximum potential and live in the least restrictive setting.

Location

South Pointe II is located at 206 Shiloh Creek Drive in Calera, Alabama 35040

Hours of Operation

This home operates twenty-four (24) hours a day, seven (7) days a week.

Program Philosophy

The overall philosophy of Chilton Shelby Mental Health Center's Intellectual Disabilities Division is that all people, regardless of disability, have the right to pursue their personal goals and dreams in an environment that protects their rights as a human. Therefore, Chilton Shelby Mental Health Center will assist people in the pursuit of their personal goals and dreams by adhering to these performance standards:

- Ensuring people are connected to natural support networks
- Ensuring people are safe
- Ensuring people experience the best possible health
- Ensure people have the freedom to exercise basic human rights
- Ensure people are free from abuse, neglect, mistreatment
- Ensure people live in integrated environments to the extent possible
- Ensure people are integrated into the community to the extent possible
- Ensure people are treated with respect and dignity

Program/Service Components

Services provided are based on individual client needs but may include the following:

- Housing
- Nutritious meals and snacks
- Medication management

- Transportation services
- Communication skills training
- Independent Living Skills (money management, laundering, meal preparation, shopping, Transportation, housekeeping, personal hygiene, nutrition, and health and safety)
- Social skills training
- Education regarding psychiatric illness
- Family support and education
- Recreational activities
- Assistance with accessing the following services:
 - Mental health services including case management services
 - Medical and dental services
 - Hearing and vision services
 - Educational services
 - Vocational services
 - Community resources and services
 - Applying for benefits
 - Locating long term community placement in least restrictive setting
 - Referral to appropriate resources (DHR, Probate Court, etc.) for clients who may need a legal guardian while residing in the program

Admission Criteria

The following are criteria for admission to residential services:

- 18 years of age or older
- Have treatment needs that can be met through residential services
- Residential services are the least restrictive level of treatment available
- Willingness to participate in daily activities as outlined in the Individual Support Plan
- Meet the definition of Intellectual Disabilities and the Federal definition of Developmental Disabilities as defined by the Alabama Department of Mental Health
- An Inventory for Client and Agency Planning
- A medical evaluation by a licensed physician and an Individual and Family History completed within 90 days prior to admission.

Continued Stay Criteria

An individualized expected length of stay will be established for each resident living in the group home. The initial individualized length of stay will be based on the resident's presenting needs.

Criteria for continued stay include:

- Re-determination of eligibility according to funding source requirements.
- Client chooses to remain in residential services
- Client exhibits symptoms/behaviors that interfere with the ability to cope with daily situations.
- Regulation of medication under close supervision is needed.
- Client exhibits inadequate daily living and social skills/behaviors needed to live in a less restrictive setting.
- Progress has been made and a regression is anticipated if the client is discharged to a less intense level of care.

Transfer/Discharge Criteria

At least one of the following must be met for transfer/discharge:

- Client no longer meets admission criteria or meets criteria for a more or less intense level of care
- Client has requested transfer to another service or level of care
- Client has achieved all habilitation goals and is no longer in need of residential services

Exclusionary Criteria

Exclusionary criteria for residential services include the following:

- Principal diagnosis of alcoholism or drug dependence
- Primary physical disorder (serious illness requiring hospital care, nursing care, home health care or impaired mobility which prohibits participation in program services)
- Resident poses a threat to the safety and welfare of other residents
- Exacerbation of symptoms indicating that a more restrictive level of care would be more appropriate in meeting the individual's treatment needs.

Appeal Process

Any person who does not agree with a decision regarding admission, continued stay, transfer, discharge or exclusion to the program may file a complaint or grievance by following the established Complaint/Grievance policy and procedure.

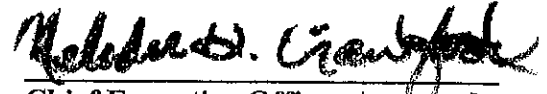
Staffing

The staffing will include:

- Part time QDDP who is a human services professional with at least one year of experience working with persons who have a developmental/intellectual disability.
- Residential Manager with a high school diploma, valid Alabama driver's license and a minimum of one year working with persons with a developmental/intellectual disability.
- Technicians with a high school diploma and at least one year of residential experience.
- There will be one staff person present for the day time and evening hours. Additionally, there will be a staff person for the evening and early morning hours. There will be one (1) awake staff person for the overnight hours.
- There will also be an emergency on-call staff person.

Date of Board Approval: 4-11-2012

Date of Revision: 8-14-13



Chief Executive Officer Approval

**Chilton Shelby Mental Health Center
Intellectual Disabilities Division**

Name of Program

South Pointe III

Definition

Residential services are designed to offer residential habilitation services to individuals from Chilton and Shelby counties who are diagnosed with an intellectual disability. These services are designed to provide intensive training and support in order to enable the resident to reach his/her maximum potential and live in the least restrictive setting.

Location

South Pointe III is located at 230 Shiloh Creek Drive in Calera, Alabama 35040

Hours of Operation

This home operates twenty-four (24) hours a day, seven (7) days a week.

Program Philosophy

The overall philosophy of Chilton Shelby Mental Health Center's Intellectual Disabilities Division is that all people, regardless of disability, have the right to pursue their personal goals and dreams in an environment that protects their rights as a human. Therefore, Chilton Shelby Mental Health Center will assist people in the pursuit of their personal goals and dreams by adhering to these performance standards:

- Ensuring people are connected to natural support networks
- Ensuring people are safe
- Ensuring people experience the best possible health
- Ensure people have the freedom to exercise basic human rights
- Ensure people are free from abuse, neglect, mistreatment
- Ensure people live in integrated environments to the extent possible
- Ensure people are integrated into the community to the extent possible
- Ensure people are treated with respect and dignity

Program/Service Components

Services provided are based on individual client needs but may include the following:

- Housing
- Nutritious meals and snacks

- Medication management
- Transportation services
- Communication skills training
- Independent Living Skills (money management, laundering, meal preparation, shopping, Transportation, housekeeping, personal hygiene, nutrition, and health and safety)
- Social skills training
- Education regarding psychiatric illness
- Family support and education
- Recreational activities
- Assistance with accessing the following services:
 - Mental health services including case management services
 - Medical and dental services
 - Hearing and vision services
 - Educational services
 - Vocational services
 - Community resources and services
 - Applying for benefits
 - Locating long term community placement in least restrictive setting
 - Referral to appropriate resources (DHR, Probate Court, etc.) for clients who may need a legal guardian while residing in the program

Admission Criteria

The following are criteria for admission to residential services:

- 18 years of age or older
- Have treatment needs that can be met through residential services
- Residential services are the least restrictive level of treatment available
- Willingness to participate in daily activities as outlined in the Individual Support Plan
- Meet the definition of Intellectual Disabilities and the Federal definition of Developmental Disabilities as defined by the Alabama Department of Mental Health
- An Inventory for Client and Agency Planning
- A medical evaluation by a licensed physician and an Individual and Family History completed within 90 days prior to admission.

Continued Stay Criteria

An individualized expected length of stay will be established for each resident living in the group home. The initial individualized length of stay will be based on the resident's presenting needs.

Criteria for continued stay include:

- Re-determination of eligibility according to funding source requirements.
- Client chooses to remain in residential services
- Client exhibits symptoms/behaviors that interfere with the ability to cope with daily situations.
- Regulation of medication under close supervision is needed.
- Client exhibits inadequate daily living and social skills/behaviors needed to live in a less restrictive setting.
- Progress has been made and a regression is anticipated if the client is discharged to a less intense level of care.

Transfer/Discharge Criteria

At least one of the following must be met for transfer/discharge:

- Client no longer meets admission criteria or meets criteria for a more or less intense level of care
- Client has requested transfer to another service or level of care
- Client has achieved all habilitation goals and is no longer in need of residential services

Exclusionary Criteria

Exclusionary criteria for residential services include the following:

- Principal diagnosis of alcoholism or drug dependence
- Primary physical disorder (serious illness requiring hospital care, nursing care, home health care or impaired mobility which prohibits participation in program services)
- Resident poses a threat to the safety and welfare of other residents
- Exacerbation of symptoms indicating that a more restrictive level of care would be more appropriate in meeting the individual's treatment needs.

Appeal Process

Any person who does not agree with a decision regarding admission, continued stay, transfer, discharge or exclusion to the program may file a complaint or grievance by following the established Complaint/Grievance policy and procedure.

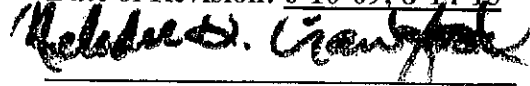
Staffing

The staffing will include:

- Part time QDDP who is a human services professional with at least one year of experience working with persons who have a developmental/intellectual disability.
- Residential Manager with a high school diploma, valid Alabama driver's license and a minimum of one year working with persons with a developmental/intellectual disability.
- Technicians with a high school diploma and at least one year of residential experience.
- There will be one staff person present for the day time and evening hours. Additionally, there will be a staff person for the evening and early morning hours. There will be one (1) awake staff person for the overnight hours.
- There will also be an emergency on-call staff person.

Date of Board Approval: 9-12-07

Date of Revision: 6-10-09; 8-14-13



Chief Executive Officer Approval

**Chilton Shelby Mental Health Center
Intellectual Disabilities Division**

Name of Program

Mitchell Center Prevocational Services

Definition

Mitchell Center Prevocational Services are provided for adults with intellectual disabilities and/or developmental disabilities. Mitchell Center Prevocational Services provides services aimed at preparing individuals for paid or unpaid employment but are not job task oriented. The prevocational services are provided to persons not expected to be able to join the general work force or participate in a transitional sheltered workshop within one year (excluding supported workshop employment programs).

Location

The Mitchell Center Prevocational program is located at 67 County Road 67 in Calera, AL.

Hours of Operation

The program operates Monday through Friday from 9:00 a.m. to 2:00 p.m., except on scheduled holidays.

Program Philosophy

The overall philosophy of Chilton Shelby Mental Health Center's Intellectual Disabilities Division is that all people, regardless of disability, have the right to pursue their personal goals and dreams in an environment that protects their rights as a human. Therefore, Chilton Shelby Mental Health Center will assist people in the pursuit of their personal goals and dreams by adhering to these performance standards:

- Ensuring people are connected to natural support networks
- Ensuring people are safe
- Ensuring people experience the best possible health
- Ensure people have the freedom to exercise basic human rights
- Ensure people are free from abuse, neglect, mistreatment
- Ensure people live in integrated environments to the extent possible
- Ensure people are integrated into the community to the extent possible
- Ensure people are treated with respect and dignity

Program/Service Components

The following services are provided based on individual client needs.

- Training and skill development focused on:
 - Compliance
 - Attending to task
 - Task completion
 - Problem solving
 - Safety
 - Increased fine motor skills
 - Ability to discriminate accuracy of work
 - Appropriate social skills
 - Appropriate grooming skills
 - Endurance
 - Economic self-sufficiency
 - Self direction
- Assisting clients to access public transportation

Admission Criteria

Admission criteria includes the following:

- Twenty-one (21) years of age or older
- Resident of Chilton or Shelby County
- Meets the AAMR definition of intellectual disabilities and the Federal definition of developmental disability
- Demonstrate willingness to work at a wage determined by a time study that will be less than minimum wage
- Indicate an interest in pursuing vocational skills training which may lead to gainful employment
- Provide documentation that the service is not otherwise available under a program funded under the Rehabilitation Act of 1973 or P.L. 94-142

Continued Stay Criteria

The following criteria must be met for continued stay:

- Client continues to meet admission criteria
- Client agrees to participate in the prevocational services program
- Client continues to demonstrate needs in prevocational skills training development
- Client unable to succeed in less restricted environment

Transfer/Discharge Criteria

All of the following must be met for transfer/discharge:

- Clients demonstrates need for alternative training environment (either more or less restrictive)
- Client unwilling to participate in Prevocational Services program

Exclusionary Criteria

Exclusionary criteria for the Prevocational services program includes the following:

- Client qualifies for services that are available and funded under the Rehabilitation Act of 1973 or P.L. 94-142

Appeal Process

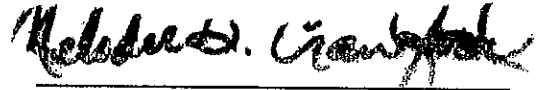
Any person who does not agree with a decision regarding admission, continued stay, transfer, discharge or exclusion to the program may file a complaint or grievance by following the established Complaint/Grievance policy and procedure.

Staffing

Program is clinically supervised by the Division Director who has a master's degree in a field of study appropriate for the division, two years post graduate experience and is designated as a QDDP by the Department of Mental Health. The Program Coordinator who has completed two years of college and has at least five years of experience working with individuals who have intellectual disabilities and/or developmental disabilities. Two job coaches with a high school diploma provide instruction and training for developing identified job training skills.

Date of Board Approval: 5-16-12

Date of Revision: 8-14-13



Chief Executive Officer Approval

**Chilton Shelby Mental Health Center
Intellectual Disabilities Division**

Name of Program

Supportive Employment Program

Definition

The Supportive Employment Program (SEP) will provide employment services for clients referred by the Alabama Department of Rehabilitation Services (ADRS). The Supportive Employment Program will provide person focused rehabilitation services for individuals with the most severe disabilities. The program is designed to meet the needs of individuals experiencing a variety of substantial limitations affecting their ability to independently function in employment settings. Supported employment clients are expected to require on-going supports in order to maintain employment.

Location

The Supportive Employment Program's primary location is 67 County Road 67 in Calera, AL. However, services may be provided in other settings as appropriate.

Hours of Operation

The program operates Monday through Friday from 8:00 a.m. to 4:30 p.m., except on scheduled holidays. The hours of operation may vary based on the work schedule of the clients in outside settings.

Program Philosophy

The overall philosophy of Chilton Shelby Mental Health Center is that all people, regardless of disability, have the right to pursue their personal goals and dreams in an environment that protects their rights as a human. Therefore, Chilton Shelby Mental Health Center will assist people in the pursuit of their personal goals and dreams by adhering to these performance standards:

- Ensuring people are connected to natural support networks
- Ensuring people are safe
- Ensuring people experience the best possible health
- Ensure people have the freedom to exercise basic human rights
- Ensure people are free from abuse, neglect, mistreatment
- Ensure people live in integrated environments to the extent possible
- Ensure people are integrated into the community to the extent possible
- Ensure people are treated with respect and dignity

Program/Service Components

The following services are provided based on individual client needs and milestones achieved through the Supportive Employment Program.

- Situational Assessments
- Narrative Report
- Discovery Profile
- Discovery Profile Plan
- Two Situational Assessments
- Profile Interview/Intake
- Development of Skills Needed for Employment
- Job Placement
- On the Job Supportive Employment Training/Coaching
- Employment Reports
- Job Analysis
- Extended Service Plan/Job Retention Services
- Long Term Support
- Long Term Follow up

Admission Criteria

Admission criteria includes the following:

- Twenty-one (21) years of age or older
- Resident of Chilton or Shelby County
- A determination of the client's rehabilitation needs has been made through an assessment of the client's abilities, preferences and functional limitations
- Clients for whom competitive employment has not traditionally occurred or for whom competitive employment has been intermittent as a result of a significant disability; and who because of the nature and the severity of their disability, needs intensive support and extended services after transition in order to perform work or transitional employment individuals with the most significant disabilities due to mental illness

Continued Stay Criteria

The following criteria must be met for continued stay:

- Client agrees to participate in the program
- Client continues to demonstrate the need for support to maintain gainful employment
- Client unable to succeed in less restricted environment

Transfer/Discharge Criteria

All of the following must be met for transfer/discharge:

- Client unwilling to participate in program
- Client is stable in their employment
- Client has worked at least 90 days following a decrease in the presence of a job

coach

- Extended services are in place and client has moved to the long term follow up list (this probably needs clarification)
- Client demonstrates the need for an alternative training environment (more restrictive)

Exclusionary Criteria

Exclusionary criteria for the program includes the following:

- Client who does not desire to seek employment in the community
- Client does not have a significant disability
- Does not need intensive support or extended services after transition in order to maintain employment
- Client who does not need intensive support and extended services after transition in order to perform work
- Does not meet admission criteria

Appeal Process

Any person who does not agree with a decision regarding admission, continued stay, transfer, discharge or exclusion to the program may file a complaint or grievance by following the established Complaint/Grievance policy and procedure.

Staffing

The program is clinically supervised by the Chief Operations Officer. A Program Coordinator who works directly with the Alabama Department of Rehabilitation Services accepting referrals made by their agency to the Milestones Program. Job Coaches who will work with clients referred by Alabama Department of Rehabilitation Services to the Supportive Employment Program providing instruction and training needed to secure and maintain employment in the community.

Date of Board Approval: 9-10-14


Chief Executive Officer Approval

**Chilton Shelby Mental Health Center
Intellectual Disabilities Division**

Name of Program

Shiloh Creek I

Definition

Residential services are designed to offer residential habilitation services to individuals from Chilton and Shelby counties who are diagnosed with an intellectual disability. These services are designed to provide intensive training and support in order to enable the resident to reach his/her maximum potential and live in the least restrictive setting.

Location

Shiloh Creek I is located at 233 Shiloh Creek Drive in Calera, Alabama 35040

Hours of Operation

This home operates twenty-four (24) hours a day, seven (7) days a week.

Program Philosophy

The overall philosophy of Chilton Shelby Mental Health Center's Intellectual Disabilities Division is that all people, regardless of disability, have the right to pursue their personal goals and dreams in an environment that protects their rights as a human. Therefore, Chilton Shelby Mental Health Center will assist people in the pursuit of their personal goals and dreams by adhering to these performance standards:

- Ensuring people are connected to natural support networks
- Ensuring people are safe
- Ensuring people experience the best possible health
- Ensure people have the freedom to exercise basic human rights
- Ensure people are free from abuse, neglect, mistreatment
- Ensure people live in integrated environments to the extent possible
- Ensure people are integrated into the community to the extent possible
- Ensure people are treated with respect and dignity

Program/Service Components

Services provided are based on individual client needs but may include the following:

- Housing
- Nutritious meals and snacks
- Medication management

- Transportation services
- Communication skills training
- Independent Living Skills (money management, laundering, meal preparation, shopping, Transportation, housekeeping, personal hygiene, nutrition, and health and safety)
- Social skills training
- Education regarding psychiatric illness
- Family support and education
- Recreational activities
- Assistance with accessing the following services:
 - Mental health services including case management services
 - Medical and dental services
 - Hearing and vision services
 - Educational services
 - Vocational services
 - Community resources and services
 - Applying for benefits
 - Locating long term community placement in least restrictive setting
 - Referral to appropriate resources (DHR, Probate Court, etc.) for clients who may need a legal guardian while residing in the program

Admission Criteria

The following are criteria for admission to residential services:

- 18 years of age or older
- Have treatment needs that can be met through residential services
- Residential services are the least restrictive level of treatment available
- Willingness to participate in daily activities as outlined in the Individual Support Plan
- Meet the definition of Intellectual Disabilities and the Federal definition of Developmental Disabilities as defined by the Alabama Department of Mental Health
- An Inventory for Client and Agency Planning
- A medical evaluation by a licensed physician and an Individual and Family History completed within 90 days prior to admission.

Continued Stay Criteria

An individualized expected length of stay will be established for each resident living in the group home. The initial individualized length of stay will be based on the resident's presenting needs.

Criteria for continued stay include:

- Re-determination of eligibility according to funding source requirements.
- Client chooses to remain in residential services
- Client exhibits symptoms/behaviors that interfere with the ability to cope with daily situations.
- Regulation of medication under close supervision is needed.
- Client exhibits inadequate daily living and social skills/behaviors needed to live in a less restrictive setting.
- Progress has been made and a regression is anticipated if the client is discharged to a less intense level of care.

Transfer/Discharge Criteria

At least one of the following must be met for transfer/discharge:

- Client no longer meets admission criteria or meets criteria for a more or less intense level of care
- Client has requested transfer to another service or level of care
- Client has achieved all habilitation goals and is no longer in need of residential services

Exclusionary Criteria

Exclusionary criteria for residential services include the following:

- Principal diagnosis of alcoholism or drug dependence
- Primary physical disorder (serious illness requiring hospital care, nursing care, home health care or impaired mobility which prohibits participation in program services)
- Resident poses a threat to the safety and welfare of other residents
- Exacerbation of symptoms indicating that a more restrictive level of care would be more appropriate in meeting the individual's treatment needs.

Appeal Process

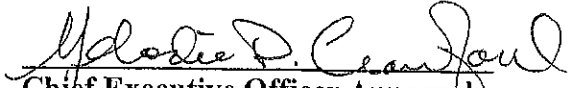
Any person who does not agree with a decision regarding admission, continued stay, transfer, discharge or exclusion to the program may file a complaint or grievance by following the established Complaint/Grievance policy and procedure.

Staffing

The staffing will include:

- Part time QDDP who is a human services professional with at least one year of experience working with persons who have a developmental/intellectual disability.
- Residential Manager with a high school diploma, valid Alabama driver's license and a minimum of one year working with persons with a developmental/intellectual disability.
- Technicians with a high school diploma and at least one year of residential experience.
- There will be one staff person present for the day time and evening hours. Additionally, there will be a staff person for the evening and early morning hours. There will be one (1) awake staff person for the overnight hours.
- There will also be an emergency on-call staff person.

Date of Board Approval: 9-10-14


Chief Executive Officer Approval

**Chilton Shelby Mental Health Center
Intellectual Disabilities Division**

Name of Program

Shiloh Creek II

Definition

Residential services are designed to offer residential habilitation services to individuals from Chilton and Shelby counties who are diagnosed with an intellectual disability. These services are designed to provide intensive training and support in order to enable the resident to reach his/her maximum potential and live in the least restrictive setting.

Location

Shiloh Creek II is located at 246 Shiloh Creek Drive in Calera, Alabama 35040

Hours of Operation

This home operates twenty-four (24) hours a day, seven (7) days a week.

Program Philosophy

The overall philosophy of Chilton Shelby Mental Health Center's Intellectual Disabilities Division is that all people, regardless of disability, have the right to pursue their personal goals and dreams in an environment that protects their rights as a human. Therefore, Chilton Shelby Mental Health Center will assist people in the pursuit of their personal goals and dreams by adhering to these performance standards:

- Ensuring people are connected to natural support networks
- Ensuring people are safe
- Ensuring people experience the best possible health
- Ensure people have the freedom to exercise basic human rights
- Ensure people are free from abuse, neglect, mistreatment
- Ensure people live in integrated environments to the extent possible
- Ensure people are integrated into the community to the extent possible
- Ensure people are treated with respect and dignity

Program/Service Components

Services provided are based on individual client needs but may include the following:

- Housing
- Nutritious meals and snacks
- Medication management

- Transportation services
- Communication skills training
- Independent Living Skills (money management, laundering, meal preparation, shopping, Transportation, housekeeping, personal hygiene, nutrition, and health and safety)
- Social skills training
- Education regarding psychiatric illness
- Family support and education
- Recreational activities
- Assistance with accessing the following services:
 - Mental health services including case management services
 - Medical and dental services
 - Hearing and vision services
 - Educational services
 - Vocational services
 - Community resources and services
 - Applying for benefits
 - Locating long term community placement in least restrictive setting
 - Referral to appropriate resources (DHR, Probate Court, etc.) for clients who may need a legal guardian while residing in the program

Admission Criteria

The following are criteria for admission to residential services:

- 18 years of age or older
- Have treatment needs that can be met through residential services
- Residential services are the least restrictive level of treatment available
- Willingness to participate in daily activities as outlined in the Individual Support Plan
- Meet the definition of Intellectual Disabilities and the Federal definition of Developmental Disabilities as defined by the Alabama Department of Mental Health
- An Inventory for Client and Agency Planning
- A medical evaluation by a licensed physician and an Individual and Family History completed within 90 days prior to admission.

Continued Stay Criteria

An individualized expected length of stay will be established for each resident living in the group home. The initial individualized length of stay will be based on the resident's presenting needs.

Criteria for continued stay include:

- Re-determination of eligibility according to funding source requirements.
- Client chooses to remain in residential services
- Client exhibits symptoms/behaviors that interfere with the ability to cope with daily situations.
- Regulation of medication under close supervision is needed.
- Client exhibits inadequate daily living and social skills/behaviors needed to live in a less restrictive setting.
- Progress has been made and a regression is anticipated if the client is discharged to a less intense level of care.

Transfer/Discharge Criteria

At least one of the following must be met for transfer/discharge:

- Client no longer meets admission criteria or meets criteria for a more or less intense level of care
- Client has requested transfer to another service or level of care
- Client has achieved all habilitation goals and is no longer in need of residential services

Exclusionary Criteria

Exclusionary criteria for residential services include the following:

- Principal diagnosis of alcoholism or drug dependence
- Primary physical disorder (serious illness requiring hospital care, nursing care, home health care or impaired mobility which prohibits participation in program services)
- Resident poses a threat to the safety and welfare of other residents
- Exacerbation of symptoms indicating that a more restrictive level of care would be more appropriate in meeting the individual's treatment needs.

Appeal Process

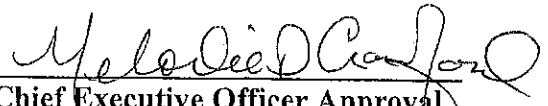
Any person who does not agree with a decision regarding admission, continued stay, transfer, discharge or exclusion to the program may file a complaint or grievance by following the established Complaint/Grievance policy and procedure.

Staffing

The staffing will include:

- Part time QDDP who is a human services professional with at least one year of experience working with persons who have a developmental/intellectual disability.
- Residential Manager with a high school diploma, valid Alabama driver's license and a minimum of one year working with persons with a developmental/intellectual disability.
- Technicians with a high school diploma and at least one year of residential experience.
- There will be one staff person present for the day time and evening hours. Additionally, there will be a staff person for the evening and early morning hours. There will be one (1) awake staff person for the overnight hours.
- There will also be an emergency on-call staff person.

Date of Board Approval: 9-10-14


Chief Executive Officer Approval

**Chilton Shelby Mental Health Center
Intellectual Disabilities Division**

Name of Program

Shiloh Creek III

Definition

Residential services are designed to offer residential habilitation services to individuals from Chilton and Shelby counties who are diagnosed with an intellectual disability. These services are designed to provide intensive training and support in order to enable the resident to reach his/her maximum potential and live in the least restrictive setting.

Location

Shiloh Creek III is located at 250 Shiloh Creek Drive in Calera, Alabama 35040

Hours of Operation

This home operates twenty-four (24) hours a day, seven (7) days a week.

Program Philosophy

The overall philosophy of Chilton Shelby Mental Health Center's Intellectual Disabilities Division is that all people, regardless of disability, have the right to pursue their personal goals and dreams in an environment that protects their rights as a human. Therefore, Chilton Shelby Mental Health Center will assist people in the pursuit of their personal goals and dreams by adhering to these performance standards:

- Ensuring people are connected to natural support networks
- Ensuring people are safe
- Ensuring people experience the best possible health
- Ensure people have the freedom to exercise basic human rights
- Ensure people are free from abuse, neglect, mistreatment
- Ensure people live in integrated environments to the extent possible
- Ensure people are integrated into the community to the extent possible
- Ensure people are treated with respect and dignity

Program/Service Components

Services provided are based on individual client needs but may include the following:

- Housing
- Nutritious meals and snacks
- Medication management

- Transportation services
- Communication skills training
- Independent Living Skills (money management, laundering, meal preparation, shopping, Transportation, housekeeping, personal hygiene, nutrition, and health and safety)
- Social skills training
- Education regarding psychiatric illness
- Family support and education
- Recreational activities
- Assistance with accessing the following services:
 - Mental health services including case management services
 - Medical and dental services
 - Hearing and vision services
 - Educational services
 - Vocational services
 - Community resources and services
 - Applying for benefits
 - Locating long term community placement in least restrictive setting
 - Referral to appropriate resources (DHR, Probate Court, etc.) for clients who may need a legal guardian while residing in the program

Admission Criteria

The following are criteria for admission to residential services:

- 18 years of age or older
- Have treatment needs that can be met through residential services
- Residential services are the least restrictive level of treatment available
- Willingness to participate in daily activities as outlined in the Individual Support Plan
- Meet the definition of Intellectual Disabilities and the Federal definition of Developmental Disabilities as defined by the Alabama Department of Mental Health
- An Inventory for Client and Agency Planning
- A medical evaluation by a licensed physician and an Individual and Family History completed within 90 days prior to admission.

Continued Stay Criteria

An individualized expected length of stay will be established for each resident living in the group home. The initial individualized length of stay will be based on the resident's presenting needs.

Criteria for continued stay include:

- Re-determination of eligibility according to funding source requirements.
- Client chooses to remain in residential services
- Client exhibits symptoms/behaviors that interfere with the ability to cope with daily situations.
- Regulation of medication under close supervision is needed.
- Client exhibits inadequate daily living and social skills/behaviors needed to live in a less restrictive setting.
- Progress has been made and a regression is anticipated if the client is discharged to a less intense level of care.

Transfer/Discharge Criteria

At least one of the following must be met for transfer/discharge:

- Client no longer meets admission criteria or meets criteria for a more or less intense level of care
- Client has requested transfer to another service or level of care
- Client has achieved all habilitation goals and is no longer in need of residential services

Exclusionary Criteria

Exclusionary criteria for residential services include the following:

- Principal diagnosis of alcoholism or drug dependence
- Primary physical disorder (serious illness requiring hospital care, nursing care, home health care or impaired mobility which prohibits participation in program services)
- Resident poses a threat to the safety and welfare of other residents
- Exacerbation of symptoms indicating that a more restrictive level of care would be more appropriate in meeting the individual's treatment needs.

Appeal Process

Any person who does not agree with a decision regarding admission, continued stay, transfer, discharge or exclusion to the program may file a complaint or grievance by following the established Complaint/Grievance policy and procedure.

Staffing

The staffing will include:

- Part time QDDP who is a human services professional with at least one year of experience working with persons who have a developmental/intellectual disability.
- Residential Manager with a high school diploma, valid Alabama driver's license and a minimum of one year working with persons with a developmental/intellectual disability.
- Technicians with a high school diploma and at least one year of residential experience.
- There will be one staff person present for the day time and evening hours. Additionally, there will be a staff person for the evening and early morning hours. There will be one (1) awake staff person for the overnight hours.
- There will also be an emergency on-call staff person.

Mental Illness
Program Descriptions

Program Descriptions	Page Number
Outpatient Services	1-1a
Case Management	2-2a
Emergency Services	3-3a
Adult Intensive Day Treatment	4-4b
Family and Youth Intervention Program	5-5c
Family Integrity Network Determination (FIND) Program	6-6b
Richard Lee Parris Home	7-7b
Michael J. Horsley Home	8-8b
Katherine Vickery Home	9-9b
In-Home Intervention for Adults	10-10b
FYI Junior Program	11-11c
Civitan Home	12-12-b
FYI Junior Summer Program	13-13c
Community Integration Program	14-14b
Carrie Gray Home	15-15b

Date of Board Approval: 10-20-10


Chief Executive Officer Approval

**Chilton Shelby Mental Health Center
Mental Illness Program**

Name of Program

Outpatient Services

Definition

Therapeutic services provided in an outpatient setting primarily to Chilton and Shelby County residents. The client may receive clinical intervention to decrease presenting signs and symptoms to enable them to maintain clinical stability and independent functioning.

Location

Outpatient services are offered in Shelby County at 2100 Shelby County Community Services Road in Pelham, AL and in Chilton County at 110 Medical Center Drive in Clanton, AL. Services may be offered in other settings that provide an adequate therapeutic environment and protects the client's right to privacy and confidentiality.

Hours of Operation

Services are provided from 8:00 a.m. until 4:30 p.m., Monday through Friday with after hour's services by appointment.

Program/Service Components

The focus of outpatient treatment is variable and depends on the client's individual needs and preference. The following services are available through outpatient services:

- Intake Assessment/Evaluation
- Diagnostic Testing
- Individual Therapy/Counseling
- Group Therapy/Counseling (group size not to exceed 15 adults and 10 children or adolescents)
- Family Therapy/Counseling
- Crisis Intervention
- Pre-hospitalization/Court Screening
- Physician Assessment and Treatment provided by a licensed psychiatrist
- Medication Administration
- Medication Monitoring (non-physician)
- Basic Living Skills Training
- Family Support and Education
- Mental Health Consultation
- Treatment Plan review
- Services for clients who are deaf or who have limited English proficiency will be offered by staff fluent in language of the client's choice or by using qualified interpreters. Services will be modified to effectively serve clients who are deaf as determined by a communication assessment conducted by the Office of Deaf Services or staff approved by the Office.

Admission Criteria

The following criteria are necessary for admission:

- Client meets criteria for a mental illness/severe emotional disturbance diagnosis regardless of age
- Client exhibits significant symptoms that interfere with the ability to function in more than one life area
- Client demonstrates motivation to comply with treatment plan
- Client has been recently discharged from inpatient psychiatric treatment

Continued Stay Criteria

All of the following criteria must be met for continued stay:

- Severity of illness and resulting impairment continues to require outpatient treatment
- Client continues to make progress and is compliant with treatment plan
- There is reasonable likelihood of substantial benefit as a result of active intervention

Transfer/Discharge Criteria

At least one of the following criteria must be met for transfer/discharge:

- Client has met treatment plan goals
- Therapist and client agree that maximum benefit from services has been achieved
- Client no longer meets continued stay criteria and requires less or more intensive level of care
- Client becomes an imminent danger to self or others and will be transferred to higher level of care based on client need
- Client is non compliant with treatment plan

Exclusionary Criteria

Outpatient services will not be provided if:

- Client is a danger to self or others
- Client exhibits such severity of symptoms and inadequacy of social support system that treatment is required at a more intensive level of care
- Client has a condition which is not expected to respond to treatment and impairment will not allow benefit at this level of care
- Client has a primary diagnosis of substance abuse/use only and/or presents for services intoxicated or noticeably under the influence of drugs
- Client has a primary diagnosis of mental retardation

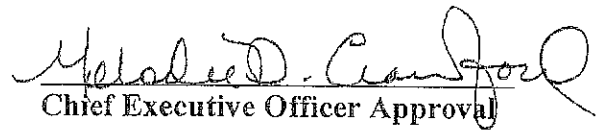
Appeal Process

Any person who does not agree with a decision regarding admission, continued stay, transfer, discharge or exclusion to the program may file a complaint or grievance by following the established Complaint/Grievance policy and procedure.

Staffing

Any master's level, license eligible staff with two (2) year's post master's experience, or any master's level staff under the supervision of a master's level staff with two (2) year's post master's level clinical experience.

Date of Board Approval: 10-20-10


Chief Executive Officer Approval

**Chilton Shelby Mental Health Center
Mental Illness Program**

Name of Program

Case Management

Definition

Services designed to link clients with necessary community support systems and advocacy when the client or family member is unable to do so.

Location

Case management services are typically provided in the community setting.

Hours of Operation

Services are provided from 8:00 a.m. until 4:30 p.m., Monday through Friday with after hours services available as needed.

Program/Service Components

Services provided are based upon client need and may include any of the following:

- Systematic evaluation/reevaluation of the human service needs of each client. The development of a systematic client oriented written plan that is developed within thirty days of the first face to face case management service unless services terminate earlier and that lists the actions necessary to meet the needs of each client
- Linkage and service arrangement to community services
- Assistance through crisis situations and/or arrangement of such assistance by other professional/personal caregivers
- Arrange to meet transportation needs
- Advocacy
- Monitoring client's access to, linkage with, and usage of necessary community support
- Services for clients who are deaf or who have limited English proficiency will be offered by staff fluent in language of the client's choice or by using qualified interpreters. Services will be modified to effectively serve clients who are deaf as determined by a communication assessment conducted by the Office of Deaf Services or staff approved by the Office.

Admission Criteria

The following criteria are necessary for admission:

- Client has a current DSM-IV Axis I diagnosis that meets SMI or SED criteria as established by DMH
- Resident of Chilton or Shelby County

- Client has human service needs as identified in the SUN-R Needs Assessment, CANS or EC-CANS
- Client willing to participate in case management services
- Client has an open clinical record with Chilton Shelby Mental Health Center unless approved by the Chief Operations Officer, is enrolled in the Permanent Supportive Housing Program or completed Project FIND with follow up services being provided

Continued Stay Criteria

Expected length of stay is determined by client human service needs. The following criteria must be met for continued stay:

- Client continues to have unmet human service needs as identified on the SUN-R Needs Assessment, CANS or EC-CANS
- Client continues to agree to participate in case management services

Transfer/Discharge Criteria

At least one of the following criteria must be met for transfer/discharge:

- The SUN-R Needs Assessment, CANS or EC-CANS has no human service needs identified
- Client refuses to participate in case management services
- Client is unable to benefit from case management services

Exclusionary Criteria

Exclusionary criteria for case management services include the following:

- There are no identified human service needs on the SUN-R Needs Assessment, CANS or EC-CANS

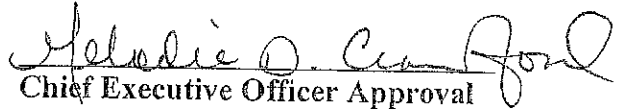
Appeal Process

Any person who does not agree with a decision regarding admission, continued stay, transfer, discharge or exclusion to the program may file a complaint or grievance by following the established Complaint/Grievance policy and procedure.

Staffing

Program is clinically supervised by a master's level staff with two (2) year's post master's experience, who has attended an approved DMH case management training and case management supervisors training. Administrative coordination is provided by the Community Support Program Director, who has attended an approved DMH case management training and case management supervisors training. Case management services are provided by bachelor's level staff who have completed a DMH/MR approved case management training program, infection control training and possess a valid Alabama driver's license. Case managers who work with clients who are deaf must complete training focusing on deafness and mental illness provided by the DMH Office of Deaf Services.

Date of Board Approval: 10-20-10


Chief Executive Officer Approval

**Chilton Shelby Mental Health Center
Mental Illness Division**

Name of Program

Emergency Services

Definition

Crisis response provided twenty-four (24) hours a day, seven (7) days per week for residents of Chilton and Shelby counties with provision for handling special and difficult cases, e.g. violent/suicidal, deaf or limited English proficiency. Services may be provided to clients in the surrounding area on an emergency basis.

Location

Emergency services are provided face to face at any office location, secure community location or through telephone contact.

Hours of Operation

Emergency services are provided from 8:00 a.m. until 4:30 p.m., Monday through Friday at each office location. The telephones are answered by a trained answering service after hours and the calls are forwarded to the master's level clinician who is on call.

Program/Service Components

Services provided are based upon client need but may include any of the following

- Immediate crisis response
- Intervention which may include face to face response
- Referral
- Assessment
- Mental Health Consultation
- Assistance accessing inpatient psychiatric services as needed
- Evaluation of clients in jail and assistance continuing prescribed psychiatric medications while in jail
- Assist clients who are deaf/hard of hearing with accessing linguistically appropriate emergency care
- Services for clients who are deaf or who have limited English proficiency will be offered by staff fluent in language of the client's choice or by using qualified interpreters. Services will be modified to effectively serve clients who are deaf as determined by a communication assessment conducted by the Office of Deaf Services or staff approved by the Office.

Admission Criteria

Admission to emergency services is accomplished when an individual presents with a problem that requires emergency intervention.

Continued Stay Criteria

Clients are referred to other services.

Transfer/Discharge Criteria

Transfer/discharge from emergency services is accomplished when the emergency has been resolved and follow-up has been accomplished if needed.

Exclusionary Criteria

Emergency services will not be provided in locations that are not secure for the client or staff.

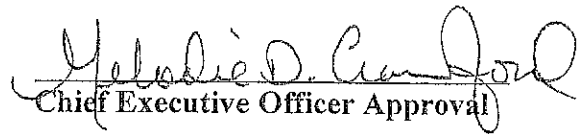
Appeal Process

Any person who does not agree with a decision regarding admission, continued stay, transfer, discharge or exclusion to the program may file a complaint or grievance by following the established Complaint/Grievance policy and procedure.

Staffing

All services provided by a Master's level clinical staff with crisis intervention training. A Master's level clinician with at least two years post-masters experience shall be available as a back up to the staff providing emergency telephone service.

Date of Board Approval: 10-20-10


Chief Executive Officer Approval

**Chilton Shelby Mental Health Center
Mental Illness Program**

Name of Program

Adult Intensive Day Treatment

Definition

An intensive, comprehensive and structured program that provides highly structured services designed to bridge acute treatment and less intensive services with the goals of community living skills acquisition/enhancement, increased level of functioning and enhanced community integration.

Location

The program is located at 151 Hamilton Lane in Calera, Alabama.

Hours of Operation

The program operates Monday through Friday from 9:00 a.m. until 1:30 p.m., except on scheduled holidays. Clients will be scheduled at least four (4) hours/day and three (3) days per week. When clinically indicated less frequent attendance may be utilized during a brief period of transition to less intensive levels of treatment.

Program/Service Components

The following services are provided within the program to specifically address individual client impairments, deficits, and clinical needs:

- Initial screening to evaluate the appropriateness of client participation
- Development of an individualized treatment plan
- Medication evaluation and management provided by a licensed psychiatrist
- Individual, group, and family therapy (individual and/or group therapy will be provided, at a minimum, one (1) hour per week unless clinically contraindicated, group therapy size will not exceed fifteen)
- Activity/recreational therapy (e.g. sports, leisure activities, hobbies, crafts, music, socialization)
- Social skills training (e.g. conversation and interpersonal skills)
- Coping skills training (e.g. stress management, symptoms management, problem solving)
- Basic living skills (e.g. adult basic education, GED, shopping, cooking, housekeeping, grooming)
- Utilization of community resources
- Family education (e.g. education that is closely related to the presenting problems such as diagnosis, symptoms, medication, coping skills, etc.)
- Medication administration
- Medication monitoring (non-physician)
- Client education (e.g. education that is closely related to presenting problems such as diagnosis, symptoms, medications, etc. rather than academic training)

- Services for clients who are deaf or who have limited English proficiency will be offered by staff fluent in language of the client's choice or by using qualified interpreters. Services will be modified to effectively serve clients who are deaf as determined by a communication assessment conducted by the Office of Deaf Services or staff approved by the Office.

Admission Criteria

Anyone enrolled in the Day Treatment Program must meet the following criteria:

- Eighteen (18) years of age or older
- Presence of a psychiatric diagnosis and meet SMI criteria
- Resident of Chilton or Shelby County
- Moderately disabling persistent, chronic, and/or refractory symptoms with no significant clinical progress made or expected in a less intensive level of care
- Symptoms that do not meet admission criteria for more intensive levels of care but do require the daily structure and supervision of a treatment oriented therapeutic milieu
- Intensive day treatment can be reasonably expected to improve the client's symptoms, condition, or functional level sufficient to permit transition to a less intensive level of care
- Admission is approved by a staff member who is a licensed physician, licensed psychologist, licensed certified social worker, licensed marriage and family therapist, a registered nurse with a master's degree in psychiatric nursing, certified registered nurse practitioner, licensed physician's assistant or a licensed professional counselor

Continued Stay Criteria

Expected length of treatment is determined based upon the client's identified treatment needs but not to exceed six (6) months. Treatment past six (6) months must be clinically justified by the Chief Operations Officer. All of the following criteria must be met for continued stay:

- Goals and objectives specified on the treatment plan have not been substantially attained or new problems have emerged
- Further treatment can be reasonably expected to result in progress toward goals and objectives and/or continued stability
- Continued treatment cannot be provided in less intensive levels of care (e.g., rehabilitative day program, case management, standard outpatient services) due to a reasonable risk of relapse and/or hospitalization
- Documented clinical judgment indicates that attempts to transition the client to a less intensive level of care is reasonably expected to result in the re-emergence of symptoms sufficient to meet admission criteria
- Continued stay is approved by the Chief Operations Officer for a specified period of time not to exceed three months per extension to achieve clearly articulated clinical objectives

Transfer/Discharge Criteria

All of the following must be met for discharge:

- Treatment goals and objectives have been substantially attained and continued treatment can be provided in less intensive levels of care
- Client's degree of impairment, severity of symptoms, and level of functioning have improved enough to resume normal activities or to receive less intensive services (e.g., rehabilitative day program, case management, standard outpatient services)
- Client's degree of impairment, severity of symptoms and level of functioning necessitates admission to a more intensive level of care

- Client primarily needs support, activities, socialization or custodial care that could be provided in other less intensive settings (e.g., drop in center, senior citizens' center, peer support group)
- Client is unwilling or unable to participate in/benefit from the program due to severity of symptoms, functional impairment, behavioral problems, personal choice, or cognitive limitations despite repeated documented efforts to engage the client

Exclusionary Criteria

Exclusionary criteria for the Day Treatment Program includes the following:

- The client's degree of impairment, severity of symptoms, and level of functioning require a more intensive level of care
- A less intensive level of care would be sufficient to provide treatment services for the client
- The client is experiencing mild persistent, chronic symptoms without acute exacerbation and less intensive levels of care can reasonably be expected to improve the client's symptoms, condition and functional level
- Client has a primary diagnosis of mental retardation

Appeal Process

Any person who does not agree with a decision regarding admission, continued stay, transfer, discharge or exclusion to the program may file a complaint or grievance by following the established Complaint/Grievance policy and procedure.

Staffing

The program coordinator must have a master's degree in a mental health related field and two (2) year's post master's direct mental illness experience. In physically isolated settings, there must be one other staff member in addition to the coordinator present during the hours of operation. The overall staff to client ratio cannot exceed 1 to 15. The mental health technician position will require a high school diploma. Each client will be assigned a counselor/therapist who has a master's degree in a mental health related field.

Date of Board Approval: 10-20-10


Chief Executive Officer Approval

**Chilton Shelby Mental Health Center
Mental Illness Division**

Name of Program

Family and Youth Intervention Program

Definition

Comprehensive and structured services provided to Shelby County youth and their families. The services are directed towards eliminating or reducing psychiatric symptomatology and dysfunction from a Serious Emotional Disorder.

Location

Linda Nolen Learning Center at 2280 Highway 35 in Pelham, Alabama.

Hours of Operation

Monday through Friday from 1:00 p.m. until 5:00 p.m., hours may vary during school holidays.

Program/Service Components

Program and services offered are based on consumer need and may include any of the following:

- Initial screening to evaluate the appropriateness of consumer participation
- Development of an individualized treatment plan
- Symptom/Medication Management and Education
- Social Skills Training that enhances family, social and community living skills
- Stress Management Training
- Leisure/Recreational Skills that enhance the use of leisure and play time
- Basic Living Skills Training that enhances personal care skills
- Group Therapy provided at a minimum of one hour per week unless clinically contraindicated, group therapy size will not exceed ten
- Individual Therapy (individual or family therapy will be provided at a minimum of one hour every two weeks)
- Family Therapy
- Family Education and Support regarding age related emotional and cognitive development and needs
- Therapeutic Field Trips
- Case Management Services
- Mental Health Consultation
- Psychiatric Assessment and Treatment provided by a licensed psychiatrist
- 24 Hour Crisis Intervention and Resolution Services
- Coordination with local Board of Education for educational needs

- Services for clients who are deaf or who have limited English proficiency will be offered by staff fluent in language of the client's choice or by using qualified interpreters. Services will be modified to effectively serve clients who are deaf as determined by a communication assessment conducted by the Office of Deaf Services or staff approved by the Office.

Admission Criteria

The following criteria are necessary for admission:

- Between the ages of eight (8) and thirteen (13) or in fourth through eighth grade
- Consumer and family are motivated and willing to participate in the program
- Have a diagnosed mental illness disorder (DSM-IV Axis I) and meet SED criteria
- Demonstrate a combination of at least five of the following whose severity would prevent treatment in a less restrictive environment:
 - Poor self control
 - Cruelty to animals
 - Inappropriate aggressive behavior
 - Angry/hostile temper tantrums
 - Hyperactivity
 - Withdrawn
 - Running away
 - Destructiveness
 - Poor school performance
 - Truancy
 - Defiance of authority
 - Manipulative behavior
 - Sexual maladjustment
 - Assaultive behavior
 - Child abuse victim
 - Depression
 - Anxiety
 - Homicidal/Suicidal ideation
 - Drug experimentation
 - Sexual abuse
 - Irrational fears
 - Attention seeking behavior
 - Encopretic/Enuretic
 - Low frustration tolerance
 - Inadequate social skills
 - Dysfunctional family relations
- Admission is approved by a staff member who is a licensed physician, licensed psychologist, licensed certified social worker, licensed marriage and family therapist, a registered nurse with a master's degree in psychiatric nursing, certified registered nurse practitioner, licensed physician's assistant or a licensed professional counselor.
- Client shall have moderately disabling consistent and/or refractory symptoms with no significant clinical progress made or expected in a less intensive level of care.
- The program shall be reasonably expected to improve the client's symptoms, condition or functional level sufficient to permit transition to a less intensive level of care.

Continued Stay Criteria

Expected length of treatment is approximately one academic year with determination for continuing services based on the participant's treatment needs. Treatment past one academic year must be clinically justified by the Chief Operations Officer and not be extended more than four months per extension to achieve clearly articulated clinical objectives.

The following criteria must be met for continued stay:

- Goals and objectives specified on the treatment plan have not been substantially attained or new problems have emerged
- Further treatment can be reasonably expected to result in progress towards goals/objectives and/or continued stability
- Documentation that treatment cannot be provided in a less intensive level of care due to reasonable risk of relapse and/or hospitalization
- Clinical judgment indicates that an attempt to transition the client to a less intensive level of care is reasonably expected to result in the re-emergence of symptoms sufficient to meet admission criteria
- Continues to meet admission criteria
- Consumer and family exhibit an ability to respond positively to the treatment program and is motivated for continued treatment as evidenced by compliance with program rules and procedures
- Continued need to monitor for risk of harm to self or others
- Medications have not reached therapeutic levels

Transfer/Discharge Criteria

At least one of the following must be met:

- Treatment goals and objectives have been substantially obtained and continued treatment can be provided in a less intensive level of care
- Client's degree of impairment, severity of symptoms and/or level of functioning necessitates admission to a more intensive level of care
- Client is unwilling or unable to participate in/benefit from the program due to severity of symptoms, functional impairments, behavioral problems, personal choice or cognitive limitations in spite of repeated efforts to engage the client
- The consumer's symptoms have reduced to the point that they no longer significantly impair social, vocational, or educational functioning

Exclusionary Criteria

Exclusionary criteria for FYI program includes the following:

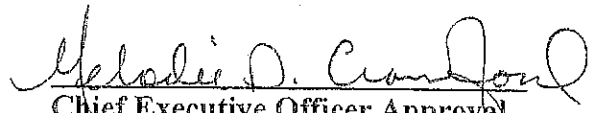
- The client is experiencing mild persistent chronic symptoms without acute exacerbation and less intensive levels of care can be reasonably expected to improve clients symptoms, condition and functional level
- The consumer has a medical condition which would obstruct or significantly interfere with regular activity participation
- The consumer is dangerous, assaultive, combative or poses a threat to the safety of the other participants
- Clients degree of impairment, severity of symptoms, and level of functioning require a more intensive level of care.

Appeal Process

Any person who does not agree with a decision regarding admission, continued stay, transfer, discharge or exclusion to the program may file a complaint or grievance by following the established Complaint/Grievance policy and procedure.

Staffing

Program coordinator with a master's degree in a mental health related field and two years of direct mental illness service experience, one of which must be in services for children and adolescents. A master's level therapist and bachelor's degree case manager. Overall staff to client ratio does not exceed 1 to 10. In physically isolated setting, there must be at least one other staff member present besides the coordinator or master's level clinician during hours of operation. All staff shall have specialized training/experience in working with children or shall receive supervision from a staff member who has specialized training/experience in working with children. Required experience is two (2) years supervised experience in working with children or two (2) specialized graduate courses related to working with children or twelve (12) CEU's of training/workshop in working with children.


Chief Executive Officer Approval

**Chilton Shelby Mental Health Center
Mental Illness Division**

Name of Program

Family Integrity Network Demonstration (F.I.N.D.) Program

Definition

Intensive therapeutic services provided to children in Shelby County on an outreach basis to prevent out-of-home placement of the client and to increase/maintain family cohesion. The services will be directed toward strengthening the family system, improving the overall functioning level of the client and family, and facilitating the client's adaptation to a least restrictive treatment and educational environment. Services are time limited (twelve to sixteen weeks) and home based provided by a two person treatment team. The team is the primary provider of services and is responsible for helping clients in all aspects of community living. The majority of the Intensive In Home services are to be delivered with the team together at a frequency of 2-3 direct face to face contacts per week during the Assessment Phase; 2-5 direct face to face contacts per week in the Treatment Phase; and 1-2 direct face to face contacts per week during the Generalization Phase. The active caseload for a team shall not exceed 6 clients and their families.

Location

The F.I.N.D. team office is located at 2100 Shelby County Community Services Road in Pelham, Alabama, however the majority of services will occur in the community in places where clients spend their time.

Hours of Operation

Monday through Friday from 8:00 a.m. to 4:30 p.m., with hours varying as dictated by client need. The hours of delivering Intensive In Home services shall be flexible to accommodate the scheduling demands and unique issues of the target population (before 8:00 a.m. and after 4:30 p.m. as needed).

Program/Service Components

Program services offered are highly individualized and may include any of the following:

- Clinical Assessment (CANS or EC-CANS) that demonstrates the need for this level of care
- Treatment plan which should address needs identified on CANS or EC-CANS
- Treatment Plan Review
- Individual Psychotherapy
- Family Psychotherapy
- Family Support and Education
- Case Management Services (for at least one year after discharge from the program)
- Crisis Intervention and Resolution (24 hour availability)
- Parent/Guardian/Significant Other Training

- Medication Monitoring
- Linkage to other Community Resources
- Basic Living Skills
- Mental Health Consultation
- Services for clients who are deaf or who have limited English proficiency will be offered by staff fluent in language of the client's choice or by using qualified interpreters. Services will be modified to effectively serve clients who are deaf as determined by a communication assessment conducted by the Office of Deaf Services or staff approved by the Office.

Admission Criteria

The following criteria are necessary for admission:

- Between the ages of five (5) and seventeen (17)
- Have a diagnosed mental illness disorder (DSM-IV-TR)
- Meet SED criteria as defined by the Alabama Department of Mental Health
- Be at risk for out-of-home placement
- Willing to participate in the program
- Parent(s) or legal guardians are willing to participate in weekly psychotherapy session(s)
- The client's primary mental health provider is in agreement with admission and agrees to terminate services during the client's participation in the F.I.N.D. program
- Need to diffuse an immediate crisis situation, stabilize the family unit and prevent out of home placement
- IQ of 70 or above
- Admission is approved by a staff member who is a licensed physician, licensed psychologist, licensed certified social worker, licensed marriage and family therapists, a registered nurse with a master's degree in psychiatric nursing, certified registered nurse practitioner, licensed physician's assistant or a licensed professional counselor.

Continued Stay Criteria

Expected length of stay is twelve (12) weeks with the option of extending services for an additional four (4) weeks if indicated by client treatment needs. At least one of the following criteria must be met for continued stay and must be approved by the licensed program coordinator:

- Continues to meet admission criteria
- Coping skills continue to be impaired and interfere with functioning in less intensive treatment setting
- Symptoms and behaviors that previously led to referral persist or new symptoms have appeared which interfere with the client's ability to cope
- Client's treatment plan received revision requiring more treatment time
- Client needs further regulation of medication under close supervision

Transfer/Discharge Criteria

At least one of the following must be met:

- The client no longer meets admission criteria or meets criteria for a more intensive level of service
- The client meets criteria for a less intensive level of service than those dictated by the In Home Model and therefore client is not at immediate risk for out of home placement

- The client's symptoms have reduced to the point that they no longer significantly impair social, vocational, or educational functioning
- The client and/or family is unwilling to comply with program expectations and requirements
- The client and/or family has requested transfer to another service modality
- The client/family has not responded to repeated follow up by the In Home team during a fourteen day period
- The Team is no longer a two person team and exceeds a two week period
- The intensive service time limit has been reached (maximum of 16 weeks)
- The Treatment Plan goals have been met to the extent that the intensive in home therapy services are no longer needed
- The In Home team is unable to meet obvious, suspected or expressed needs of the client and/or his or her family system
- The client and his or her family are receiving duplicate services from another agency that either can not be terminated or/are preferred by the family

Exclusionary Criteria

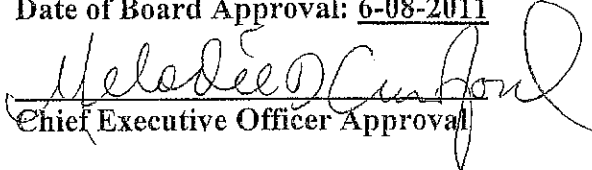
Exclusionary criteria includes the following:

- The client is so actively psychotic, suicidal or acting out that he/she requires hospitalization
- The client has medical condition which would obstruct or significantly interfere with regular activity participation
- The client is dangerous, assaultive, combative or poses a threat to the safety of the other participants
- Client or family is actively engaged in substance abuse

Staffing

Intensive In Home services are supervised by a staff member who has a master's degree and 2 years post-master's clinical experience and who has completed a DMH approved case management training program and a DMH approved intensive in home training program. Two person team, one master's level mental health professional with at least one year of post-master's experience in child and adolescent/family services and one person with a bachelor's degree. Case manager with a bachelor's degree who will become involved with the client and family at week 9 of the program and will continue to provide services to the client and family for at least one year after discharge from the program. All team members must have successfully completed a DMH approved case manager training program and a DMH in home training program. All staff shall have specialized training/experience in working with children or shall receive supervision in this area one hour per week from a staff member who has specialized training/experience in working with children and shall receive 20 hours of specialized training per year for two years from date they begin providing services. Required experience is two (2) years supervised experience in working with children or two (2) specialized graduate courses related to working with children. Documentation of a minimum one hour face to face staffing consultation with the supervisor weekly as documented in clinical chart and shall include any recommendations made to the team.

Date of Board Approval: 6-08-2011


Chief Executive Officer Approval

**Chilton Shelby Mental Health Center
Mental Illness Division**

Name of Program

Richard Lee Parris Home

Definition

Residential services are designed to offer services in a supportive therapeutic milieu with the expectation that clients will develop the skills necessary to live and function in the least restrictive environment possible.

Location

The Richard Lee Parris Home is located at 10080 Highway 31 South, in Calera, AL.

Hours of Operation

Group homes operate twenty-four (24) hours a day, seven (7) days a week.

Program/Service Components

Services provided depend upon individual client need but may include the following:

- Housing
- Nutritious meals and snacks
- Medication management
- Transportation services
- Basic living skills training (money management, laundering, meal preparation, shopping, transportation, house cleaning, personal hygiene, nutrition, and health and safety)
- Social skills training
- Education regarding psychiatric illness
- Family support and education
- Recreational activities
- Assistance with accessing the following services:
 - Mental health services including case management services
 - Medical and dental services
 - Hearing and vision services
 - Educational services
 - Vocational services
 - Community resources and services
 - Applying for benefits
 - Locating long term community placement in least restrictive setting

- Referral to appropriate resources (DHR, Probate Court, etc.) for clients who may need legal guardian while residing in the program

Admission Criteria

The following are criteria for admission to residential services:

- 18 years of age or older
- Have treatment needs that can be met through residential services
- Residential services are the least restrictive level of treatment available
- Willing to participate in daily activities as outlined in the plan of care
- Have a psychiatric diagnosis that meets criteria for Serious Mental Illness as defined by the Alabama Department of Mental Health/Mental Retardation
- Exhibits at least five of the following:
 - Impaired contact with reality manifested by hallucinations, delusions, or ideas of reference
 - Withdrawal, regression. Or confusion not warranting inpatient hospitalization
 - Moderate to severe disabling depression
 - Moderate to severe disabling anxiety
 - Disabling somatic symptoms
 - Poor medication compliance
 - Inpatient care is not warranted
 - Poor socialization skills
 - Inappropriate attention-seeking behaviors
 - Poor interpersonal skills
 - Inadequate problem solving skills
 - In need of twenty-four (24) hour protective oversight and supervision in daily living

Admission Prioritization will be as follows:

- Any Chilton or Shelby county resident in a state hospital awaiting discharge
- Any Alabama resident awaiting discharge from a state hospital
- Any Chilton or Shelby county resident who requires structured residential services to avoid admission to a state hospital or who needs more supervision than provided in their home.
- Any Alabama resident who requires structured residential services to avoid admission to a state hospital or who needs more supervision than provided in their home

Continued Stay Criteria

The initial individualized length of stay will be based on the resident's presenting needs as identified on the plan of care but will not exceed one year. The Residential Services Level of Functioning will be utilized in determining the need for extending the length of stay past one year. At least one of the following must be met for continued stay:

- Continues to meet admission criteria
- Continues to exhibit an ability to respond positively to the treatment program and is motivated for continued treatment as evidenced by compliance with plan of care and group home rules.
- Evidence of decompensation
- Medications have not reached therapeutic levels

- Progress has been made and a regression is anticipated if client is discharged to a less intense level of care

Transfer/Discharge Criteria

At least one of the following must be met for transfer/discharge:

- Client no longer meets admission criteria or meets criteria for a more or less intense level of care
- Client has requested transfer to another service or level of care
- Client has achieved all plan of care goals and is no longer in need of residential services

Exclusionary Criteria

Exclusionary criteria for residential services include the following:

- Principal diagnosis of alcoholism or drug dependence
- Principal diagnosis of mental retardation
- Primary organic disorder
- Primary physical disorder (serious illness requiring hospital care, nursing care, home health care or impaired mobility which prohibits participation in program services)
- Resident poses a threat to the safety and welfare of other residents
- Exacerbation of symptomatology indicates that a more restrictive level of treatment would be more appropriate in meeting the individual's treatment needs.

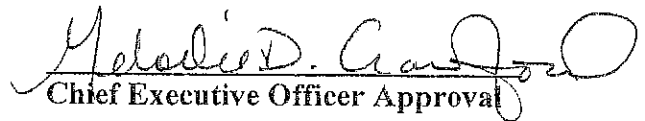
Appeal Process

Any person who does not agree with a decision regarding admission, continued stay, transfer, discharge or exclusion to the program may file a complaint or grievance by following the established Complaint/Grievance policy and procedure.

Staffing

Program coordinator with a master's degree in a mental health related field and two (2) years experience in a direct service functional area.. Group home manager with bachelor's degree with experience in residential settings. Technicians with high school diploma and appropriate experience. Mental health worker I's with high school diploma. Each group home will have one (1) Bachelor's level manager and one (1) mental health worker or mental health technician during the day. Two (2) staff members, who may be either a mental health worker or mental health technician will be present during the evening hours and one (1) staff member will be on duty during the midnight shift when clients are present. There will be a .25 aid/secretary available during the day.

Date of Board Approval: 10-20-10


Chief Executive Officer Approval

**Chilton Shelby Mental Health Center
Mental Illness Division**

Name of Program

Michael J. Horsley Home

Definition

Residential services are designed to offer services in a supportive therapeutic milieu with the expectation that clients will develop the skills necessary to live and function in the least restrictive environment possible. It is a setting that has awake staff on the premises 24 hours a day when clients are present.

Location

The Michael J. Horsley Home is located at 10072 Highway 31 South, in Calera, AL.

Hours of Operation

A ten bed group home that operates twenty-four (24) hours a day, seven (7) days a week.

Program/Service Components

Services provided depend upon individual client need but may include the following provided either in house or arranged for by the residential staff:

- Housing
- Nutritious meals and snacks
- Medication management
- Transportation services
- Basic living skills training (money management, laundering, meal preparation, shopping, transportation, house cleaning, personal hygiene, nutrition, and health and safety)
- Social skills training (which includes communication skills training)
- Education regarding psychiatric illness
- Family support and education
- Recreational activities
- Assistance with accessing the following services:
 - Mental health services including case management services
 - Medical and dental services
 - Hearing and vision services
 - Educational services
 - Vocational services
 - Community resources and services
 - Applying for benefits
 - Locating long term community placement in least restrictive setting
 - Community orientation

- Referral to appropriate resources (DHR, Probate Court, etc.) for clients who may need legal guardian while residing in the program
- Services for clients who are deaf or who have limited English proficiency will be offered by staff fluent in language of the client's choice or by using qualified interpreters. Services will be modified to effectively serve clients who are deaf as determined by a communication assessment conducted by the Office of Deaf Services or staff approved by the Office.

Admission Criteria

The following are criteria for admission to residential services:

- 18 years of age or older
- Have treatment needs that can be met through residential services
- Residential services are the least restrictive level of treatment available
- Willing to participate in daily structured activities as outlined in the treatment plan
- Have a psychiatric diagnosis that meets criteria for Serious Mental Illness as defined by the Alabama Department of Mental Health
- Clients present a combination of the following criteria whose severity would preclude treatment in less restrictive environment:
 - Impaired contact with reality manifested by hallucinations, delusions, or ideas of reference
 - Withdrawal, regression, or confusion not warranting inpatient hospitalization
 - Moderate to severe disabling depression
 - Moderate to severe disabling anxiety
 - Disabling somatic symptoms
 - Poor medication compliance
 - Inpatient care is not warranted
 - Poor socialization skills
 - Inappropriate attention-seeking behaviors
 - Poor interpersonal skills
 - Inadequate problem solving skills
 - In need of twenty-four (24) hour protective oversight and supervision in daily living

Admission Prioritization will be as follows:

- Any Chilton or Shelby county resident in a state hospital awaiting discharge
- Any Alabama resident awaiting discharge from a state hospital
- Any Chilton or Shelby county resident who requires structured residential services to avoid admission to a state hospital or who needs more supervision than provided in their living environment
- Any Alabama resident who requires structured residential services to avoid admission to a state hospital or who needs more supervision than provided in their living environment

Continued Stay Criteria

The initial individualized length of stay will be based on the resident's presenting needs as identified on the treatment plan but will not exceed one year. The Residential Services Level of Functioning will be utilized in determining the need for extending the length of stay past one year. At least one of the following must be met for continued stay:

- Continues to meet admission criteria
- Continues to exhibit an ability to respond positively to the treatment program and is motivated for continued treatment as evidenced by compliance with treatment plan and group home responsibilities.
- Evidence of decompensation

- Medications have not reached therapeutic levels
- Progress has been made and a regression is anticipated if client is discharged to a less intense level of care

Transfer/Discharge Criteria

At least one of the following must be met for transfer/discharge:

- Client no longer meets admission criteria or meets criteria for a more or less intense level of care
- Client has requested transfer to another service or level of care
- Client has achieved all treatment plan goals and is no longer in need of residential services

Exclusionary Criteria

Exclusionary criteria for residential services include the following:

- Principal diagnosis of alcoholism or drug dependence
- Principal diagnosis of mental retardation
- Primary organic disorder
- Primary physical disorder (serious illness requiring hospital care, nursing care, home health care or impaired mobility that prohibits participation in program services)
- Resident poses a threat to the safety and welfare of other residents
- Exacerbation of symptomatology indicates that a more restrictive level of treatment would be more appropriate in meeting the individual's treatment needs.

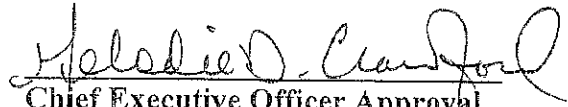
Appeal Process

Any person who does not agree with a decision regarding admission, continued stay, transfer, discharge or exclusion to the program may file a complaint or grievance by following the established Complaint/Grievance policy and procedure.

Staffing

Program coordinator with a master's degree in a mental health related field and two years experience in a direct service functional area. Group home manager with bachelor's degree with experience in residential settings. Technicians with high school diploma and appropriate experience. There will be one Bachelor's level manager and one mental health technician during the day. Two mental health technicians will be present during the evening hours and one awake mental health technician will be on duty during the midnight shift when clients are present. There will be a .25 aid/secretary available during the day.

Date of Board Approval: 10-20-10


Chief Executive Officer Approval

**Chilton Shelby Mental Health Center
Mental Illness Division**

Name of Program

Katherine Vickery Home

Definition

Residential services are designed to offer services in a supportive therapeutic milieu with the expectation that clients will develop the skills necessary to live and function in the least restrictive environment possible. It is a setting that has awake staff on the premises 24 hours a day when clients are present.

Location

The Katherine Vickery Home is located at 1105 Lay Dam Road in Clanton, AL.

Hours of Operation

A ten bed group home that operates twenty-four (24) hours a day, seven (7) days a week.

Program/Service Components

Services provided depend upon individual client need but may include the following provided either in house or arranged for by the residential staff:

- Housing
- Nutritious meals and snacks
- Medication management
- Transportation services
- Basic living skills training (money management, laundering, meal preparation, shopping, transportation, house cleaning, personal hygiene, nutrition, and health and safety)
- Social skills training
- Education regarding psychiatric illness
- Family support and education
- Recreational activities
- Assistance with accessing the following services:
 - Mental health services including case management services
 - Medical and dental services
 - Hearing and vision services
 - Educational services
 - Vocational services
 - Community resources and services
 - Applying for benefits
 - Locating long term community placement in least restrictive setting
 - Community orientation

- Referral to appropriate resources (DHR, Probate Court, etc.) for consumers who may need legal guardian while residing in the program
- Services for clients who are deaf or who have limited English proficiency will be offered by staff fluent in language of the client's choice or by using qualified interpreters. Services will be modified to effectively serve clients who are deaf as determined by a communication assessment conducted by the Office of Deaf Services or staff approved by the Office.

Admission Criteria

The following are criteria for admission to residential services:

- 18 years of age or older
- Have treatment needs that can be met through residential services
- Residential services are the least restrictive level of treatment available
- Willing to participate in daily structured activities as outlined in the treatment plan
- Have a psychiatric diagnosis that meets criteria for Serious Mental Illness as defined by the Alabama Department of Mental Health
- Clients present a combination of the following criteria whose severity would preclude treatment in less restrictive environment:
 - Impaired contact with reality manifested by hallucinations, delusions, or ideas of reference
 - Withdrawal, regression, or confusion not warranting inpatient hospitalization
 - Moderate to severe disabling depression
 - Moderate to severe disabling anxiety
 - Disabling somatic symptoms
 - Poor medication compliance
 - Inpatient care is not warranted
 - Poor socialization skills
 - Inappropriate attention-seeking behaviors
 - Poor interpersonal skills
 - Inadequate problem solving skills
 - In need of twenty-four (24) hour protective oversight and supervision in daily living

Admission Prioritization will be as follows:

- Any Chilton or Shelby county resident in a state hospital awaiting discharge
- Any Alabama resident awaiting discharge from a state hospital
- Any Chilton or Shelby county resident who requires structured residential services to avoid admission to a state hospital or who needs more supervision than provided in their living environment
- Any Alabama resident who requires structured residential services to avoid admission to a state hospital or who needs more supervision than provided in their living environment

Continued Stay Criteria

The initial individualized length of stay will be based on the resident's presenting needs as identified on the treatment plan but will not exceed one year. The Residential Services Level of Functioning will be utilized in determining the need for extending the length of stay past one year. At least one of the following must be met for continued stay:

- Continues to meet admission criteria
- Continues to exhibit an ability to respond positively to the treatment program and is motivated for continued treatment as evidenced by compliance with treatment plan and group home responsibilities

- Evidence of decompensation
- Medications have not reached therapeutic levels
- Progress has been made and a regression is anticipated if client is discharged to a less intense level of care

Transfer/Discharge Criteria

At least one of the following must be met for transfer/discharge:

- Client no longer meets admission criteria or meets criteria for a more or less intense level of care
- Client has requested transfer to another service or level of care
- Client has achieved all treatment plan goals and is no longer in need of residential services

Exclusionary Criteria

Exclusionary criteria for residential services include the following:

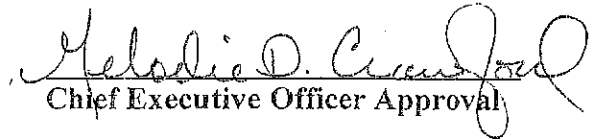
- Principal diagnosis of alcoholism or drug dependence
- Principal diagnosis of mental retardation
- Primary organic disorder
- Primary physical disorder (serious illness requiring hospital care, nursing care, home health care or impaired mobility that prohibits participation in program services)
- Resident poses a threat to the safety and welfare of other residents
- Exacerbation of symptomatology indicates that a more restrictive level of treatment would be more appropriate in meeting the individual's treatment needs.

Appeal Process

Any person who does not agree with a decision regarding admission, continued stay, transfer, discharge or exclusion to the program may file a complaint or grievance by following the established Complaint/Grievance policy and procedure.

Staffing

Program coordinator with a master's degree in a mental health related field and two years experience in a direct service functional area. Group home manager with bachelor's degree with experience in residential settings. Technicians with high school diploma and appropriate experience. There will be one Bachelor's level manager and one mental health technician during the day. Two mental health technicians will be present during the evening hours and one awake mental health technician will be on duty during the midnight shift when clients are present. There will be a .25 aid/secretary available during the day.


Chief Executive Officer Approval

**Chilton Shelby Mental Health Center
Mental Illness Division**

Name of Program

In Home Intervention for Adults

Definition

Time limited, home based services provided by a two person treatment team to diffuse an immediate crisis, stabilize the family unit or prevent out of home placement. The team members function interchangeably to provide treatment, rehabilitation and support. The team is the primary provider of services and is responsible for assisting clients in all aspects of community living. The majority of services occur in the community and/or in places where clients spend their time and are highly individualized both among individual clients and across time for each client. The active caseload for the team shall not exceed 20 clients.

Location / Service Area

Services will be provided to identified clients in the Chilton Shelby Mental Health Center service area of Chilton and Shelby Counties with emphasis placed in Shelby County. The In home Intervention Office is located at 2100 Shelby County Community Services Road in Pelham, Alabama but the majority of services will be provided in the client's home and community environments.

Hours of Operation

The In home Intervention team will provide services from 8:00 a.m. to 4:30 p.m. Monday through Friday, with hours varying as dictated by client need. Twenty-four (24) hour crisis response will be provided by existing on-call services. The hours of delivering the in home services shall be flexible to accommodate the scheduling demands and unique issues of the target population (before 8:00 a.m. and after 4:30 p.m. as needed).

Program/Service Components

Program services offered are highly individualized and may include any of the following key service functions:

- Intake/Assessment
- Individual Therapy
- Crisis Intervention (24 hour capability)
- Family Therapy
- Family Support and Education
- Case Management
- Medication Monitoring
- Mental Health Consultation
- Basic Living Skills

- In home Support (provision of services by the Bachelor's level team member when the Master's level therapist is absent.)
- Services for clients who are deaf or who have limited English proficiency will be offered by staff fluent in language of the client's choice or by using qualified interpreters. Services will be modified to effectively serve clients who are deaf as determined by a communication assessment conducted by the Office of Deaf Services or staff approved by the Office.

Admission Criteria

The following criteria are necessary for admission to In home Services:

- Client must be at least 18 years of age
- Client meets criteria for Serious Mental Illness
- Clearly documented need for more intensive outpatient support due to:
 - an increase in symptoms
 - transition from a more intensive level of care
 - need to defuse an immediate crisis situation
 - to stabilize the living arrangement and/or prevent out of home placement
 - a history of failure to engage in other outpatient services
- Client exhibits significant symptoms that interfere with the ability to function in more than one life area.
- Client has had two or more psychiatric hospitalizations in a state or local hospital within the 12 months
- Client is decompensating and is in danger of referral to state funded inpatient hospital without intervention of In home Treatment Services
- Client agrees to In home Intervention Services

Continued Stay Criteria

Continued Stay is to be determined on an individual basis as indicated on the treatment plan. This determination is based on a monthly review of the treatment plan and all of the following must be met:

- Severity of illness and resulting impairment continues to require In home Intervention services
- Client continues to make progress and is compliant with the treatment plan
- There is reasonable likelihood of substantial benefit as a result of In home Intervention services
- In home Intervention services are the least restrictive service component

Transfer/Discharge Criteria

At least one of the following criteria must be met for transfer/discharge from In home Intervention services:

- The maximum benefits of the intensive in home service has been reached
- Client has met the treatment plan goals to the extent that the intensive in home therapy services are no longer needed
- Client no longer meets continued stay criteria and requires less or more intensive level of care
- Client is non-compliant with the treatment plan

- The client/family has not responded to repeated, documented follow up by the Intensive In home team during a 14 day period
- The Intensive In home team is unable to meet obvious, suspected, or expressed needs of the client and/or family system.
- The client becomes otherwise unavailable for services during a 14 day period

Exclusionary Criteria

In home Intervention Services will not be provided if:

- Client is an imminent danger to self or others and will be transferred to a higher level of care based on client need
- Client has a primary diagnosis of substance abuse/use only
- Client exhibits such severity of symptoms and inadequacy of social support that treatment is required at a more intensive level of care

Appeal Process

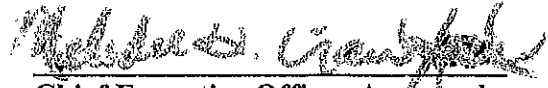
Any person who does not agree with a decision regarding admission, continued stay, transfer, discharge or exclusion to the program may file a complaint or grievance by following the established Complaint/Grievance policy and procedure.

Staffing

The In home Intervention Team is composed of a person with a master's degree in a mental health related field or a registered nurse and a person with a bachelor's degree. Each member of the adult team must have successfully completed a DMH approved Case Management program. Documentation should reflect that Intensive In home cases are staffed by the team on a regular basis and that joint decisions are made regarding the frequency of client contact for team and individual staff services.

Date of Board Approval: 10-20-10

Date of Revision: 8-14-13


Chief Executive Officer Approval

**Chilton Shelby Mental Health Center
Mental Illness Division**

Name of Program

Family and Youth Intervention Junior Program

Definition

Comprehensive and structured services provided to Shelby County youth and their families. The services are directed towards eliminating or reducing psychiatric symptomatology and dysfunction from a Serious Emotional Disorder. The educational curriculum is provided during the academic school year by the Shelby County Board of Education and the program is registered with the State Department of Education. The educational curriculum is not provided during the summer months.

Location

Linda Nolen Learning Center at 2280 Highway 35, Pelham, Alabama 35124

Hours of Operation

Monday through Friday from 7:30 a.m. until 2:30 p.m. (hours may vary during school holidays) through the academic school year. A minimum of three (3) hours of non-educational, therapeutic services per day will be provided.

Program/Service Components

Program and services offered are based on consumer need and may include any of the following:

- Initial screening to evaluate the appropriateness of consumer participation
- Development of an individualized plan of care
- Symptom/Medication Management and Education
- Social Skills Training that enhances family, social and community living skills
- Stress Management Training
- Leisure/Recreational Skills that enhance the use of leisure and play time
- Basic Living Skills Training that enhances personal care skills
- Group Psychotherapy provided at a minimum of one hour per week unless clinically contraindicated, group therapy size will not exceed ten
- Individual Therapy (individual or family therapy will be provided at a minimum of one half hour every two weeks)
- Family Therapy
- Family Education and Support regarding age related emotional and cognitive development and needs
- Therapeutic Field Trips
- Case Management Services

- Mental Health Consultation
- Psychiatric Assessment and Treatment provided by a licensed psychiatrist
- 24 Hour Crisis Intervention and Resolution Services
- State Certified Special Education Services during academic school year
- Services for clients who are deaf or who have limited English proficiency will be offered by staff Fluent in language of the client's choice or by using qualified interpreters. Services will be modified to effectively serve clients who are deaf as determined by a communication assessment conducted by the Office of Deaf Services or staff approved by the Office.

Admission Criteria

The following criteria are necessary for admission:

- Between the ages of five (5) and eight (8) or in kindergarten through third grade
- Client and family are motivated and willing to participate in the program
- Have a diagnosed mental illness disorder (DSM-IV Axis I) and meet SED criteria
- Demonstrate a combination of at least five of the following whose severity would prevent treatment in a less restrictive environment:
 - Poor self control
 - Cruelty to animals
 - Inappropriate aggressive behavior
 - Angry/hostile temper tantrums
 - Hyperactivity
 - Withdrawn
 - Running away
 - Destructiveness
 - Poor school performance
 - Truancy
 - Defiance of authority
 - Manipulative behavior
 - Sexual maladjustment
 - Assaultive behavior
 - Child abuse victim
 - Depression
 - Anxiety
 - Homicidal/Suicidal ideation
 - Drug experimentation
 - Sexual abuse
 - Irrational fears
 - Attention seeking behavior
 - Encopretic/.Enuretic
 - Low frustration tolerance
 - Inadequate social skills
 - Dysfunctional family relations
- Admission is approved by a staff member who is a licensed physician, licensed psychologist, licensed certified social worker, licensed marriage and family therapists, a registered nurse with a master's degree in psychiatric nursing, or a licensed professional counselor.

- Client shall have moderately disabling consistent and/or refractory symptoms with no significant clinical progress made or expected in a less intensive level of care.
- The program shall be reasonably expected to improve the client's symptoms, condition or functional level sufficient to permit transition to a less intensive level of care.

Continued Stay Criteria

Expected length of treatment is approximately one academic year with determination for continuing services based on the participant's treatment needs. Treatment past one academic year must be clinically justified by the Chief Operations Officer and not be extended more than four months per extension to achieve clearly articulated clinical objectives.

At least one of the following criteria must be met for continued stay:

- Goals and objectives specified on the treatment plan have not been substantially attained or new problems have emerged
- Further treatment can be reasonably expected to result in progress towards goals/objectives and/or continued stability
- Documentation that treatment cannot be provided in a less intensive level of care due to reasonable risk of relapse and/or hospitalization
- Clinical judgment indicates that an attempt to transition the client to a less intensive level of care is reasonably expected to result in the re-emergence of symptoms sufficient to meet admission criteria
- Continues to meet admission criteria
- Client and family exhibit an ability to respond to positively to the treatment program and is motivated for continued treatment as evidenced by compliance with program rules and procedures
- Continued need to monitor risk of harm to self or others
- Medications have not reached therapeutic levels

Transfer/Discharge Criteria

At least one of the following must be met:

- Treatment goals and objectives have been substantially obtained and continued treatment can be provided in a less intensive level of care
- Client's degree of impairment, severity of symptoms and/or level of functioning necessitates admission to a more intensive level of care
- Client is unwilling or unable to participate in/benefit from the program due to severity of symptoms, functional impairments, behavioral problems, personal choice or cognitive limitations in spite of repeated efforts to engage the client
- The client's symptoms have reduced to the point that they no longer significantly impair social, vocational, or educational functioning

Exclusionary Criteria

Exclusionary criteria for FYI program includes the following:

- The client is experiencing mild persistent chronic symptoms without acute exacerbation and less intensive levels of care can be reasonably expected to improve the client's symptoms, condition and functional level
- The client has a medical condition which obstructs or significantly interferes with regular activity participation
- The client is dangerous, assaultive, combative or poses a threat to the safety of other participants

- Client's degree of impairment, severity of symptoms, and level of functioning require a more intensive level of care

Appeal Process

Any person who does not agree with a decision regarding admission, continued stay, transfer, discharge or exclusion to the program may file a complaint or grievance by following the established Complaint/Grievance policy and procedure.

Staffing

Program coordinator with a master's degree in a mental health related field and two years of direct mental illness service experience, one of which must be in services for children and adolescents. A master's level therapist and master's level State Certified Special Education Teacher (during academic school year), who meets highly qualified standards. Overall staff to client ratio does not exceed 1 to 10. In physically isolated settings, there must be at least one other staff member present besides the coordinator or master's level clinician during hours of operation. All staff shall have specialized training/experience in working with children or shall receive supervision from a staff member who has specialized training/experience in working with children. Required experience is two (2) years supervised experience in working with children or two (2) specialized graduated courses related to working with children of twelve (12) CEU's of training/workshop in working with children.

Date of Board Approval: 4-11-2012

Melodie D. Crawford

Chief Executive Officer Approval

**Chilton Shelby Mental Health Center
Mental Illness Division**

Name of Program

Civitan Home

Definition

Residential services are designed to offer services in a supportive therapeutic milieu with the expectation that clients who are deaf or hard of hearing will develop the skills necessary to live and function in the least restrictive environment possible.

Location

The Civitan Group Home is located at 203 8th Avenue, North, Clanton, Alabama.

Hours of Operation

Group home operates twenty-four (24) hours a day, seven (7) days a week.

Program/Service Components

Services provided depend upon individual client need but may include the following:

- Housing
- Nutritious meals and snacks
- Medication management
- Transportation services
- Communication skills training
- Basic living skills training (money management, laundering, meal preparation, shopping, transportation, house cleaning, personal hygiene, nutrition, and health and safety)
- Social skills training
- Education regarding psychiatric illness
- Family support and education
- Recreational activities
- Assistance with accessing the following services:
 - Mental health services including case management services
 - Medical and dental services
 - Hearing and vision services
 - Educational services
 - Vocational services
 - Community resources and services
 - Applying for benefits
 - Locating long term community placement in least restrictive setting

- Referral to appropriate resources (DHR, Probate Court, etc.) for clients who may need legal guardian while residing in the program

Admission Criteria

The following are criteria for admission to residential services:

- 18 years of age or older
- Have treatment needs that can be met through residential services
- Residential services are the least restrictive level of treatment available
- Willing to participate in daily activities as outlined in the plan of care
- Have a psychiatric diagnosis that meets criteria for Serious Mental Illness as defined by the Alabama Department of Mental Health
- Exhibits at least five of the following:
 - Impaired contact with reality manifested by hallucinations, delusions, or ideas of reference
 - Withdrawal, regression, or confusion not warranting inpatient hospitalization
 - Moderate to severe disabling depression
 - Moderate to severe disabling anxiety
 - Disabling somatic symptoms
 - Poor medication compliance
 - Inpatient care is not warranted
 - Poor socialization skills
 - Inappropriate attention-seeking behaviors
 - Poor interpersonal skills
 - Inadequate problem solving skills
 - In need of twenty-four (24) hour protective oversight and supervision in daily living

Admission Prioritization will be as follows:

- Any Chilton or Shelby county resident in a state hospital awaiting discharge
- Any Alabama resident awaiting discharge from a state hospital
- Any Chilton or Shelby county resident who requires structured residential services to avoid admission to a state hospital or who needs more supervision than provided in their home.
- Any Alabama resident who requires structured residential services to avoid admission to a state hospital or who needs more supervision than provided in their home

Continued Stay Criteria

The initial individualized length of stay will be based on the resident's presenting needs as identified on the plan of care but will not exceed one year. The Residential Services Level of Functioning will be utilized in determining the need for extending the length of stay past one year. At least one of the following must be met for continued stay:

- Continues to meet admission criteria
- Continues to exhibit an ability to respond positively to the treatment program and is motivated for continued treatment as evidenced by compliance with treatment plan and group home guidelines
- Evidence of decompensation
- Medications have not reached therapeutic levels

- Progress has been made and a regression is anticipated if client is discharged to a less intense level of care

Transfer/Discharge Criteria

At least one of the following must be met for transfer/discharge:

- Client no longer meets admission criteria or meets criteria for a more or less intense level of care
- Client has requested transfer to another service or level of care
- Client has achieved all plan of care goals and is no longer in need of residential services

Exclusionary Criteria

Exclusionary criteria for residential services include the following:

- Principal diagnosis of alcoholism or drug dependence
- Principal diagnosis of mental retardation
- Primary organic disorder
- Primary physical disorder (serious illness requiring hospital care, nursing care, home health care or impaired mobility which prohibits participation in program services)
- Resident poses a threat to the safety and welfare of other residents
- Exacerbation of symptomatology indicates that a more restrictive level of treatment would be more appropriate in meeting the individual's treatment needs.

Appeal Process

Any person who does not agree with a decision regarding admission, continued stay, transfer, discharge or exclusion to the program may file a complaint or grievance by following the established Complaint/Grievance policy and procedure.

Staffing

Program coordinator with a master's degree in a mental health related field and two (2) years experience in a direct service functional area. Group home manager holds at least an Intermediate Plus level fluency in Sign Language as measured by the Sign Language Proficiency Interview (SLPI), a bachelor's degree and preferably experience in residential settings. Technicians with high school diploma and who hold at least Intermediate Plus level of Sign Language Plus level fluency in Sign Language as measured by the Sign Language Proficiency Interview (SLPI). Each group home will have one (1) Bachelor's level manager and two (2) mental health technicians during the day. Two (2) mental health technicians will be present during the evening hours and two (2) mental health technicians will be on duty during the midnight shift when clients are present. There will be a .25 aid/secretary available during the day.

Date of Board Approval: 8-14-13


Chief Executive Officer Approval

**Chilton Shelby Mental Health Center
Mental Illness Division**

Name of Program

Family and Youth Intervention Junior Summer Program

Definition

Comprehensive and structured services provided to Shelby County youth and their families. The services are directed towards eliminating or reducing psychiatric symptomatology and dysfunction from a Serious Emotional Disorder. The educational curriculum is provided during the academic school year by the Shelby County Board of Education and the program is registered with the State Department of Education. The educational curriculum is not provided during the summer months.

Location

Linda Nolen Learning Center at 2280 Highway 35, Pelham, Alabama 35124

Hours of Operation

Monday through Friday from 7:30 a.m. until 2:30 p.m. during the summer months of the academic school year break. A minimum of four (4) hours of non-educational, therapeutic services per day will be provided.

Program/Service Components

Program and services offered are based on consumer need and may include any of the following:

- Initial screening to evaluate the appropriateness of consumer participation
- Development of an individualized plan of care
- Symptom/Medication Management and Education
- Social Skills Training that enhances family, social and community living skills
- Stress Management Training
- Leisure/Recreational Skills that enhance the use of leisure and play time
- Basic Living Skills Training that enhances personal care skills
- Group Psychotherapy provided at a minimum of one hour per week unless clinically contraindicated, group therapy size will not exceed ten
- Individual Therapy (individual or family therapy will be provided at a minimum of one half hour every two weeks)
- Family Therapy
- Family Education and Support regarding age related emotional and cognitive development and needs
- Therapeutic Field Trips
- Case Management Services
- Mental Health Consultation

- Psychiatric Assessment and Treatment provided by a licensed psychiatrist
- 24 Hour Crisis Intervention and Resolution Services
- State Certified Special Education Services during academic school year
- Services for clients who are deaf or who have limited English proficiency will be offered by staff Fluent in language of the client's choice or by using qualified interpreters. Services will be modified to effectively serve clients who are deaf as determined by a communication assessment conducted by the Office of Deaf Services or staff approved by the Office.

Admission Criteria

The following criteria are necessary for admission:

- Between the ages of five (5) and eight (8) or in kindergarten through third grade
- Client and family are motivated and willing to participate in the program
- Have a diagnosed mental illness disorder (DSM-IV Axis I) and meet SED criteria
- Demonstrate a combination of at least five of the following whose severity would prevent treatment in a less restrictive environment:
 - Poor self control
 - Cruelty to animals
 - Inappropriate aggressive behavior
 - Angry/hostile temper tantrums
 - Hyperactivity
 - Withdrawn
 - Running away
 - Destructiveness
 - Poor school performance
 - Truancy
 - Defiance of authority
 - Manipulative behavior
 - Sexual maladjustment
 - Assaultive behavior
 - Child abuse victim
 - Depression
 - Anxiety
 - Homicidal/Suicidal ideation
 - Drug experimentation
 - Sexual abuse
 - Irrational fears
 - Attention seeking behavior
 - Encopretic/.Enuretic
 - Low frustration tolerance
 - Inadequate social skills
 - Dysfunctional family relations
- Admission is approved by a staff member who is a licensed physician, licensed psychologist, licensed certified social worker, licensed marriage and family therapists, a registered nurse with a master's degree in psychiatric nursing, or a licensed professional counselor.

- Client shall have moderately disabling consistent and/or refractory symptoms with no significant clinical progress made or expected in a less intensive level of care.
- The program shall be reasonably expected to improve the client's symptoms, condition or functional level sufficient to permit transition to a less intensive level of care.

Continued Stay Criteria

Expected length of treatment is approximately one academic year with determination for continuing services based on the participant's treatment needs. Treatment past one academic year must be clinically justified by the Chief Operations Officer and not be extended more than four months per extension to achieve clearly articulated clinical objectives.

At least one of the following criteria must be met for continued stay:

- Goals and objectives specified on the treatment plan have not been substantially attained or new problems have emerged
- Further treatment can be reasonably expected to result in progress towards goals/objectives and/or continued stability
- Documentation that treatment cannot be provided in a less intensive level of care due to reasonable risk of relapse and/or hospitalization
- Clinical judgment indicates that an attempt to transition the client to a less intensive level of care is reasonably expected to result in the re-emergence of symptoms sufficient to meet admission criteria
- Continues to meet admission criteria
- Client and family exhibit an ability to respond to positively to the treatment program and is motivated for continued treatment as evidenced by compliance with program rules and procedures
- Continued need to monitor risk of harm to self or others
- Medications have not reached therapeutic levels

Transfer/Discharge Criteria

At least one of the following must be met:

- Treatment goals and objectives have been substantially obtained and continued treatment can be provided in a less intensive level of care
- Client's degree of impairment, severity of symptoms and/or level of functioning necessitates admission to a more intensive level of care
- Client is unwilling or unable to participate in/benefit from the program due to severity of symptoms, functional impairments, behavioral problems, personal choice or cognitive limitations in spite of repeated efforts to engage the client
- The client's symptoms have reduced to the point that they no longer significantly impair social, vocational, or educational functioning

Exclusionary Criteria

Exclusionary criteria for FYI program includes the following:

- The client is experiencing mild persistent chronic symptoms without acute exacerbation and less intensive levels of care can be reasonably expected to improve the client's symptoms, condition and functional level
- The client has a medical condition which obstructs or significantly interferes with regular activity participation
- The client is dangerous, assaultive, combative or poses a threat to the safety of other participants

- Client's degree of impairment, severity of symptoms, and level of functioning require a more intensive level of care

Appeal Process

Any person who does not agree with a decision regarding admission, continued stay, transfer, discharge or exclusion to the program may file a complaint or grievance by following the established Complaint/Grievance policy and procedure.

Staffing

Program coordinator with a master's degree in a mental health related field and two years of direct mental illness service experience, one of which must be in services for children and adolescents. A master's level therapist and master's level State Certified Special Education Teacher (during academic school year), who meets highly qualified standards. Overall staff to client ratio does not exceed 1 to 10. In physically isolated settings, there must be at least one other staff member present besides the coordinator or master's level clinician during hours of operation. All staff shall have specialized training/experience in working with children or shall receive supervision from a staff member who has specialized training/experience in working with children. Required experience is two (2) years supervised experience in working with children or two (2) specialized graduated courses related to working with children of twelve (12) CEU's of training/workshop in working with children.

Date of Board Approval: 12-11-13


Chief Executive Officer Approval

**Chilton Shelby Mental Health Center
Mental Illness Division**

Name of Program

Community Integration Program

Definition

Time limited, highly intensive services provided clients identified as being high risk for involuntary commitment and/or re-hospitalization. Services will be directed towards attaining and maintaining psychiatric stability in a community setting. The services provided will be highly individualized for each client.

Location / Service Area

Services will be provided to identified clients in the Chilton Shelby Mental Health Center service area of Chilton and Shelby Counties. The Community Integration Office is located at 67 County Road 67 in Calera, Alabama. However, services will be provided in any setting that provides for client's privacy and confidentiality.

Hours of Operation

Services will be provided from 8:00 a.m. to 4:30 p.m. Monday through Friday, with hours varying as dictated by client need. Twenty-four (24) hour crisis response will be available based on client need.

Program/Service Components

Program services offered are highly individualized and may include any of the following key service functions:

- Intake/Assessment
- Individual / Group Therapy
- Crisis Intervention (24 hour capability)
- Family Therapy
- Family Support and Education
- Case Management (which is expected to continue for 90 days after discharge from the program)
- Medication Monitoring
- Mental Health Consultation
- Basic Living Skills
- Certified Peer Support
- Medication Administration
- Probate Court Evaluation and Testimony
- Physician Assessment and Treatment

- Services for clients who are deaf or who have limited English proficiency will be offered by staff fluent in language of the client's choice or by using qualified interpreters. Services will be modified to effectively serve clients who are deaf as determined by a communication assessment conducted by the Office of Deaf Services or staff approved by the Office.

Admission Criteria

The following criteria are necessary for admission:

- Resident of Chilton or Shelby County
- Client must be at least 18 years of age
- Client meets criteria for a mental illness diagnosis
- Client meets criteria for Serious Mental Illness
- Must meet one of the following criteria:
 - Client has had one or more admissions to a state hospital within the past year and is at high risk for re-hospitalization
 - Client has had two or more psychiatric hospitalizations in a local facility within the 12 months and is at high risk for re-hospitalization
 - Client has been recently discharged from a state hospital and is returning to the community
 - Referral has been made to Probate Court regarding a possible petition for involuntary commitment
 - Client has recently been court ordered to outpatient commitment following an involuntary commitment
 - Client is exhibiting symptoms or behaviors that place them at high risk for involuntary commitment

Any client admitted to the program who does not meet the above criteria must have prior approval of the COO.

Continued Stay Criteria

Expected length of stay is one to four months but is to be determined on an individual basis. One of the following must be met:

- Severity of symptoms require continued intervention at this level of care
- Severity of symptoms require evaluation for possible involuntary commitment
- Client remains at high risk for re-hospitalization
- Client continues to meet admission criteria

Lengths of stay past four months must be approved by the COO.

Transfer/Discharge Criteria

At least one of the following criteria must be met for transfer/discharge:

- Client has met all treatment goals and Community Integration services are not needed at this time
- Client no longer meets continued stay criteria and requires a less or more intensive level of care
- The program is unable to meet obvious, suspected, or expressed needs of the client and/or family system
- Client becomes an imminent danger to self or others and will be transferred to higher level of care based on client need

Exclusionary Criteria

Exclusionary criteria include:

- Client is an imminent danger to self or others
- Client has a primary diagnosis of substance abuse/use only
- Client exhibits such severity of symptoms and inadequacy of social support that treatment is required at a more intensive level of care
- Client has a primary diagnosis of mental retardation

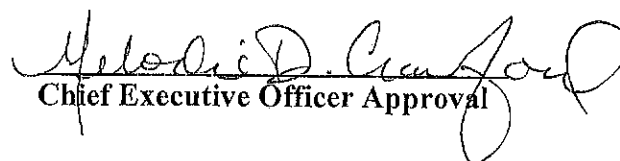
Appeal Process

Any person who does not agree with a decision regarding admission, continued stay, transfer, discharge or exclusion to the program may file a complaint or grievance by following the established Complaint/Grievance policy and procedure.

Staffing

The Community Integration Program is composed of a program coordinator with a master's degree in a mental health related field. A master's level, license eligible staff with two (2) year's post master's experience, or any master's level staff under the supervision of a master's level staff with two (2) year's post master's level clinical experience. Case management services are provided by bachelor's level staff who have completed a DMH approved case management training program, infection control training and possess a valid Alabama driver's license. Case managers who work with clients who are deaf must complete training focusing on deafness and mental illness provided by the DMH Office of Deaf Services.

Date of Board Approval: 9-10-14


Chief Executive Officer Approval

**Chilton Shelby Mental Health Center
Mental Illness Division**

Name of Program

Carrie Gray Home

Definition

Residential specialized behavioral services are designed to offer services in a supportive therapeutic milieu with the expectation that adult clients diagnosed with a serious mental illness will develop the skills necessary to live and function in the least restrictive environment possible. The initial individualized length of stay will be based on the resident's presenting needs as identified on the treatment plan but will not exceed one year. See the Continued Stay Criteria for procedures to extend the length of stay. It is a setting that has awake staff on the premises 24 hours a day when clients are present.

Location

The Carrie Gray Home is located at 783 County Road 418 in Clanton, Alabama.

Hours of Operation

A ten bed group home that operates twenty-four (24) hours a day, seven (7) days a week.

Program/Service Components

Services provided depend upon individual client need but may include the following provided either in house or arranged for by the residential staff:

- Housing
- Nutritious meals and snacks
- Medication management
- Transportation services
- Basic living skills training (money management, laundering, meal preparation, shopping, transportation, house cleaning, personal hygiene, nutrition, and health and safety)
- Social skills training (which includes communication skills training)
- Education regarding psychiatric illness
- Family support and education
- Recreational activities
- Assistance with accessing the following services:
 - Mental health services including case management services
 - Medical and dental services
 - Hearing and vision services
 - Educational services
 - Vocational services
 - Community resources and services
 - Applying for benefits

- Locating long term community placement in least restrictive setting
- Community orientation
- Referral to appropriate resources (DHR, Probate Court, etc.) for clients who may need legal guardian while residing in the program
- Services for clients who are deaf or who have limited English proficiency will be offered by staff fluent in language of the client's choice or by using qualified interpreters. Services will be modified to effectively serve clients who are deaf as determined by a communication assessment conducted by the Office of Deaf Services or staff approved by the Office.

Admission Criteria

The following are criteria for admission to residential services:

- 18 years of age or older
- Have treatment needs that can be met through residential services
- Residential services are the least restrictive level of treatment available
- Willing to participate in daily structured activities as outlined in the treatment plan
- Have a psychiatric diagnosis that meets criteria for Serious Mental Illness as defined by the Alabama Department of Mental Health
- Clients present a combination of the following criteria whose severity would preclude treatment in less restrictive environment:
 - Impaired contact with reality manifested by hallucinations, delusions, or ideas of reference
 - Withdrawal, regression, or confusion not warranting inpatient hospitalization
 - Moderate to severe disabling depression
 - Moderate to severe disabling anxiety
 - Disabling somatic symptoms
 - Poor medication compliance
 - Inpatient care is not warranted
 - Poor socialization skills
 - Inappropriate attention-seeking behaviors
 - Poor interpersonal skills
 - Inadequate problem solving skills
 - In need of twenty-four (24) hour protective oversight and supervision in daily living

Admission Prioritization will be as follows:

- Any Chilton or Shelby county resident in a state hospital awaiting discharge
- Any Alabama resident awaiting discharge from a state hospital
- Any Chilton or Shelby county resident who requires structured residential services to avoid admission to a state hospital or who needs more supervision than provided in their living environment
- Any Alabama resident who requires structured residential services to avoid admission to a state hospital or who needs more supervision than provided in their living environment

Continued Stay Criteria

The initial individualized length of stay will be based on the resident's presenting needs as identified on the treatment plan but will not exceed one year. The Residential Services Level of Functioning will be utilized in determining the need for extending the length of stay past one year. At least one of the following must be met for continued stay:

- Continues to meet admission criteria

- Continues to exhibit an ability to respond positively to the treatment program and is motivated for continued treatment as evidenced by compliance with treatment plan and group home responsibilities
- Evidence of decompensation
- Medications have not reached therapeutic levels
- Progress has been made and a regression is anticipated if client is discharged to a less intense level of care

Transfer/Discharge Criteria

At least one of the following must be met for transfer/discharge:

- Client no longer meets admission criteria or meets criteria for a more or less intense level of care
- Client has requested transfer to another service or level of care
- Client has achieved all treatment plan goals and is no longer in need of residential services

Exclusionary Criteria

Exclusionary criteria for residential services include the following:

- Principal diagnosis of alcoholism or drug dependence
- Principal diagnosis of mental retardation
- Primary organic disorder
- Primary physical disorder (serious illness requiring hospital care, nursing care, home health care or impaired mobility that prohibits participation in program services)
- Resident poses a threat to the safety and welfare of other residents
- Exacerbation of symptomatology indicates that a more restrictive level of treatment would be more appropriate in meeting the individual's treatment needs.

Appeal Process

Any person who does not agree with a decision regarding admission, continued stay, transfer, discharge or exclusion to the program may file a complaint or grievance by following the established Complaint/Grievance policy and procedure.

Staffing

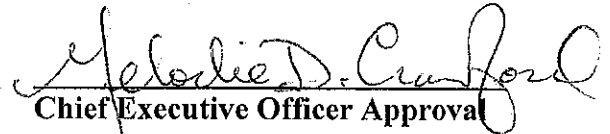
Program coordinator with a master's degree in a mental health related field and two years experience in a direct service functional area. Group home manager with bachelor's degree with experience in residential settings. Technicians with high school diploma and appropriate experience. There will be one Bachelor's level manager scheduled Monday through Friday 8:00 am to 4:30 PM. There will be two mental health technicians awake on duty when clients are present. The established shift schedule seven days per week is 7:00 AM to 3:00 PM (two mental health technicians); 3:00 pm to 11:00 pm (two mental health technicians); and 11:00 PM to 7:00 AM (two mental health technicians). There will be a .25 aid/secretary available during the day, Monday through Friday.

Substance Abuse Division
Program Descriptions

Program Description	Page Number
Shelby County Outpatient Services for Adolescents (Level I)	1-1d
Shelby County Outpatient Services for Adults (Level I)	2-2d
Shelby County Intensive Outpatient Services for Adults (Level II.1)	3-3d
Chilton County Outpatient Services for Adults (Level I)	4-4d
Chilton County Intensive Outpatient Services for Adults (Level II.1)	5-5d
Prevention Services	6-6a

Date of Board Approval: 6-13-12

Date of Revision: 12-9-14


Chief Executive Officer Approval

**Chilton Shelby Mental Health Center
Substance Abuse Division**

Name of Program

Shelby County Outpatient Services for Adolescents (Level I)

Definition

Time limited, goal oriented rehabilitation services in an intensive outpatient setting designed to assist adolescent clients in reaching and maintaining a substance free lifestyle.

See policy manual for specific descriptions of policies and procedures related to this program.

Location

Shelby County Adolescent Outpatient Program is located at 151 Hamilton Lane, Calera, AL, 35040; telephone number (205) 668-4308; fax number (205) 668-0894; website CSMHC.org. Services may be provided in any setting that protects the client's right to privacy, confidentiality and safety.

Hours of Operation

Regular office hours are between 8:00 a.m. and 4:30 p.m., Monday through Thursday. Services may be provided outside the standard hours based on needs of the client, including work, school, parenting responsibilities and transportation accessibility.

Program Philosophy

Chilton Shelby Mental Health Center's Shelby County Adolescent Outpatient Program's treatment philosophy is grounded in the belief of chemical dependency as a spiritual and a medical disease. Our experience has shown that a combination of education, individualized treatment planning and counseling, a strong network of support and active involvement in the recovery community is the most effective approach to treatment of chemical dependency. We believe that treatment need not be punitive or degrading but nurturing with the focus on individual strengths and provided in an environment that promotes healing. We maintain that Recovery must be an ongoing process, taking into account each aspect of life that is altered by alcohol and drug use. We emphasize treatment of the physical, emotional, spiritual, and family aspects of addiction and alcoholism through the utilization of Evidence Based Programs appropriate for the level of care which is determined by the use of The American Society for Addiction Medicine Patient Placement Criteria (ASAMPPC-2R) during the assessment procedure and at regular intervals during the course of treatment.

Program/Service Components

The focus of services is comprehensive and based on client needs. The following services are available:

- Assessment and Referral
- Individual Therapy
- Family Therapy
- Group Therapy
- Activity Therapy
- Psychoeducation
- Didactic Education
- Mental Health Consultation
- Recovery Support Services
- Peer Counseling Services
- Medication Management
- Alcohol and/or Drug Screening/Testing
- Smoking Cessation
- Sign Language Interpreter Services
- Case Management
- Case Planning
- Follow Up Contact
- HIV/AIDS early intervention and education
- Hepatitis, STD, TB education
- Referral to medical care
- Emergency Services available by telephone 24 hours per day, 7 days per week

Regularly scheduled treatment sessions will be provided in the amount, frequency and intensity appropriate to the client's assessed needs and expressed desires for care. The frequency and amount of service will not exceed eight contact hours weekly. Service strategies shall include, at a minimum implementation of individualized counseling plan strategies, ongoing/continuous individualized assessment services, motivational enhancement and engagement strategies, relapse prevention strategies, interpersonal choice/decision making skill development, health education, random drug screening, family education, gender responsive treatment, adolescent specific evidenced based interventions, client education on key development issues, including but not limited to adolescent brain development and the impact of substance use, emotional and social influence on behavior, value system development, puberty/physical development, sexuality and self esteem; recreation and leisure time skills training; family, community and school integration services.

Clients will have access to support services on site, or through consultation or referral, which shall minimally include medical, psychiatric, psychological, laboratory and toxicology services; medical and psychiatric consultation will be available within 24 hours by telephone or if in person, within a timeframe appropriate to the severity and urgency of the consultation requested; coordination through referral to more intensive levels of care and medication management; mutual self help groups that are tailored to the needs of the specific client population; referral for other services as according to the client's assessed needs.

Admission/Readmission Criteria

The following criteria are necessary for admission:

- Client meets criteria for a diagnostic impression of substance abuse or dependence
- Client meets dimensional criteria for admission to this level of care as defined in the most recent edition of the ASAM PPC 2-R
- Client is assessed to need this level of care
- Client must be able to benefit from outpatient services
- Client must demonstrate desire and ability to be involved in the program and assume responsibility for behavior change
- Client must be 17 years of age or younger
- Client whose progress in a more intensive level of care warrants a step down to a less intensive level of care
- Clients who are in early stages of change and who are not yet ready to commit to full recovery
- Clients who are experiencing increased conflict, demonstrating passive compliance or considering leaving treatment

Priority access to treatment will be given to the following groups in order of priority:

1. Individuals who are pregnant and have intravenous substance abuse disorders
2. Individuals who are pregnant and have substance use disorders
3. Individuals who have intravenous substance use disorders.
4. Women with dependent children
5. Individuals who are HIV positive
6. All others with substance use disorders

Individuals requesting services will be screened for priority access during the initial contact with the individual.

No person will be denied admission to the program, beyond the scope of unique service level eligibility criteria, on the basis of sex, race, color, creed, handicap, or age in accordance with Title VI of the Civil Rights Act of 1964, as amended, 42 USC 2000d, Title XI of the Education Amendments of 1972, 20 USC 1681-1686 and s. 504 of the Rehabilitation Act of 1973, as amended 29 USC 794, and the American with Disabilities Act of 1990, as amended, 42 USC 12101-12213.

A waiting list may be created if there are requests for services when the program is functioning at capacity. The waiting list priority will be based on the date and time of the request for services. When a vacancy becomes available the person who requested services first will be contacted and contacts continue down the waiting list until all vacancies are filled.

Continued Stay Criteria

The following criteria are necessary for continued stay:

- Client is making progress but has not yet achieved the goal(s) established in the individualized service plan and continued treatment at the current level of care has been assessed as necessary to permit the client to continue to work toward the established goals

- Client is not yet making progress but has the capacity to resolve identified problem(s) and is actively working toward goal(s) identified in the individualized service plan. Continued treatment at this level of care has been assessed as necessary to permit the client to continue to work toward established goals.
- New problems have been identified that are appropriate for service delivery at this level of care and this level is the least intensive at which the client's new problem(s) may be addressed effectively.
- Client preference

Transfer/Discharge Criteria

At least one of the following criteria must be met for transfer/discharge:

- Client has achieved the goals established in the individualized service plan, thus resolving the problem(s) that justified admission to the current level of care, and continuation of services at another level of care is indicated
- Client has been unable to resolve the problem(s) that justified admission to the present level of care, despite modifications of the service plan, therefore service at another level of care is indicated
- Client has demonstrated a lack of capacity to resolve identified problem(s), therefore service at another level of care is indicated
- Client has experienced an intensification of problem(s), or has developed a new problem(s), and can be treated effectively only at a more intensive level of care
- Client preference
- Client has achieved the goals established in the individualized service plan, thus resolving the problem(s) that justified admission to the current level of care, and continuation of services at this time is not indicated

Exclusionary Criteria

Outpatient services will not be provided if:

- Client is a danger to self or others
- Client exhibits severe behaviors which would negatively impact on other clients
- Client has a history of uncooperative behavior and multiple failed treatments

Exclusions will not be made based exclusively on age, gender, pregnancy status, educational achievement and literacy, household composition, ethnic background, income level and ability to pay, need for or use of medication assisted therapy, disability, existence of a co-occurring mental illness and substance use disorder, HIV status, current maintenance on methadone, previous admissions to the program, prior withdrawal from treatment against clinical advice, referral source, involvement with the criminal justice system, or relapse.

Upon request any individual deemed ineligible for the program may receive a written rationale that objectively states or describes the reasons for service denial.

Appeal Process

Any person who does not agree with a decision regarding admission, continued stay, transfer, discharge or exclusion to the program may file a complaint or grievance by following the established Complaint/Grievance policy and procedure.

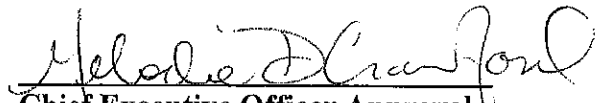
Staffing

Program Coordinator, who is licensed in the State of Alabama as a professional counselor, certified social worker, psychiatric clinical nurse specialist, psychiatric nurse practitioner, marriage and family therapist, clinical psychologist, physician's assistant, physician; or has a master's degree or above from an accredited college or university in psychology, social work, counseling, psychiatric nursing, or other behavioral health area with requisite course work equivalent to that of a degree in counseling, psychology, social work, or psychiatric nursing, and has successfully completed a clinical practicum, and/or holds a substance abuse counselor certification credential from the Alabama Association of Addiction Counselors, National Association of Alcoholism and Drug Abuse Counselors, Alabama Alcohol and Drug Association, or International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc.

Qualified Substance Abuse Professionals (QSAP) will provide treatment services. QSAP II shall have a master's degree or above from an accredited college or university in psychology, social work, counseling, psychiatric nursing, or other behavioral health area with requisite course work equivalent to that of a degree in counseling, psychology, social work, or psychiatric nursing, and has successfully completed a relevant clinical practicum, and holds a substance abuse counselor certification credential from the Alabama Association of Addiction Counselors, National Association of Alcoholism and Drug Abuse Counselors, Alabama Alcohol and Drug Association, or International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. QSAP II shall participate in concurrent clinical supervision by a QSAP I until the attainment of the substance abuse certification.

Date of Board Approval: 6-13-12

Date of Revision: 12-9-14


Chief Executive Officer Approval

**Chilton Shelby Mental Health Center
Substance Abuse Division**

Name of Program

Shelby County Outpatient Services for Adults (Level I)

Definition

Time limited, goal oriented rehabilitation services in an outpatient setting designed to assist adult clients in reaching and maintaining a substance free lifestyle.

See policy manual for specific descriptions of policies and procedures related to this program.

Location

Shelby County Adult Outpatient Program is located at 151 Hamilton Lane, Calera, AL 35040; telephone number (205) 668-4308; fax number (205) 668-0894; website CSMHC.org. Services may be provided in any setting that protects the client's right to privacy, confidentiality and safety.

Hours of Operation

Regular office hours are between 8:00 a.m. and 4:30 p.m., Monday through Thursday. Services may be provided outside the standard hours based on needs of the client, including work, school, parenting responsibilities and transportation accessibility.

Program Philosophy

Chilton Shelby Mental Health Center's Shelby County Adult Outpatient Program's treatment philosophy is grounded in the belief of chemical dependency as a spiritual and a medical disease. Our experience has shown that a combination of education, individualized treatment planning and counseling, a strong network of support and active involvement in the recovery community is the most effective approach to treatment of chemical dependency. We believe that treatment need not be punitive or degrading but nurturing with the focus on individual strengths and provided in an environment that promotes healing. We maintain that Recovery must be an ongoing process, taking into account each aspect of life that is altered by alcohol and drug use. We emphasize treatment of the physical, emotional, spiritual, and family aspects of addiction and alcoholism through the utilization of Evidence Based Programs appropriate for the level of care which is determined by the use of The American Society for Addiction Medicine Patient Placement Criteria (ASAMPPC-2R) during the assessment procedure and at regular intervals during the course of treatment.

Program/Service Components

The focus of services is comprehensive and based on client needs. The following services are available:

- Assessment and Referral
- Individual Therapy
- Family Therapy
- Group Therapy
- Psychoeducation
- Didactic Education
- Mental Health Consultation
- Recovery Support Services
- Peer Counseling Services
- Medication Management
- Alcohol and/or Drug Screening/Testing
- Smoking Cessation
- Sign Language Interpreter Services
- Case Management
- Case Planning
- Follow Up Contact
- HIV/AIDS early intervention and education
- Hepatitis, STD, TB education
- Referral to medical care
- Emergency Services available by telephone 24 hours per day, 7 days per week

Regularly scheduled treatment sessions will be provided in the amount, frequency and intensity appropriate to the client's assessed needs and expressed desires for care. The frequency and amount of service will not exceed eight contact hours weekly. Service strategies shall include, at a minimum implementation of individualized counseling plan strategies, ongoing/continuous individualized assessment services, motivational enhancement and engagement strategies, relapse prevention strategies, interpersonal choice/decision making skill development, health education, random drug screening, family education and gender responsive treatment.

Clients will have access to support services on site, or through consultation or referral, which shall minimally include medical, psychiatric, psychological, laboratory and toxicology services; medical and psychiatric consultation will be available within 24 hours by telephone or if in person, within a timeframe appropriate to the severity and urgency of the consultation requested; coordination through referral to more intensive levels of care and medication management; mutual self help groups that are tailored to the needs of the specific client population; referral for other services as according to the client's assessed needs.

Admission/Readmission Criteria

The following criteria are necessary for admission:

- Client meets criteria for a diagnostic impression of substance abuse or dependence
- Client meets dimensional criteria for admission to this level of care as defined in the most recent edition of the ASAM PPC 2-R

- Client is assessed to need this level of care
- Client must be able to benefit from outpatient services
- Client must demonstrate desire and ability to be involved in the program and assume responsibility for behavior change
- Client must be 18 years of age or older
- Client whose progress in a more intensive level of care warrants a step down to a less intensive level of care
- Clients who are in early stages of change and who are not yet ready to commit to full recovery
- Clients who are experiencing increased conflict, demonstrating passive compliance or considering leaving treatment

Priority access to treatment will be given to the following groups in order of priority:

1. Individuals who are pregnant and have intravenous substance abuse disorders
2. Individuals who are pregnant and have substance use disorders
3. Individuals who have intravenous substance use disorders.
4. Women with dependent children
5. Individuals who are HIV positive
6. All others with substance use disorders

Individuals requesting services will be screened for priority access during the initial contact with the individual.

No person will be denied admission to the program, beyond the scope of unique service level eligibility criteria, on the basis of sex, race, color, creed, handicap, or age in accordance with Title VI of the Civil Rights Act of 1964, as amended, 42 USC 2000d, Title XI of the Education Amendments of 1972, 20 USC 1681-1686 and s. 504 of the Rehabilitation Act of 1973, as amended 29 USC 794, and the American with Disabilities Act of 1990, as amended, 42 USC 12101-12213.

A waiting list may be created if there are requests for services when the program is functioning at capacity. The waiting list priority will be based on the date and time of the request for services. When a vacancy becomes available the person who requested services first will be contacted and contacts continue down the waiting list until all vacancies are filled.

Continued Stay Criteria

The following criteria are necessary for continued stay:

- Client is making progress but has not yet achieved the goal(s) established in the individualized service plan and continued treatment at the current level of care has been assessed as necessary to permit the client to continue to work toward the established goals
- Client is not yet making progress but has the capacity to resolve identified problem(s) and is actively working toward goal(s) identified in the individualized service plan. Continued treatment at this level of care has been assessed as necessary to permit the client to continue to work toward established goals.

- New problems have been identified that are appropriate for service delivery at this level of care and this level is the least intensive at which the client's new problem(s) may be addressed effectively.
- Client preference

Transfer/Discharge Criteria

At least one of the following criteria must be met for transfer/discharge:

- Client has achieved the goals established in the individualized service plan, thus resolving the problem(s) that justified admission to the current level of care, and continuation of services at another level of care is indicated
- Client has been unable to resolve the problem(s) that justified admission to the present level of care, despite modifications of the service plan, therefore service at another level of care is indicated
- Client has demonstrated a lack of capacity to resolve identified problem(s), therefore service at another level of care is indicated
- Client has experienced an intensification of problem(s), or has developed a new problem(s), and can be treated effectively only at a more intensive level of care
- Client preference
- Client has achieved the goals established in the individualized service plan, thus resolving the problem(s) that justified admission to the current level of care, and continuation of services at this time is not indicated

Exclusionary Criteria

Outpatient services will not be provided if:

- Client is a danger to self or others
- Client exhibits severe behaviors which would negatively impact on other clients
- Client has a history of uncooperative behavior and multiple failed treatments

Exclusions will not be made based exclusively on age, gender, pregnancy status, educational achievement and literacy, household composition, ethnic background, income level and ability to pay, need for or use of medication assisted therapy, disability, existence of a co-occurring mental illness and substance use disorder, HIV status, current maintenance on methadone, previous admissions to the program, prior withdrawal from treatment against clinical advice, referral source, involvement with the criminal justice system, or relapse.

Upon request any individual deemed ineligible for the program may receive a written rationale that objectively states or describes the reasons for service denial.

Appeal Process

Any person who does not agree with a decision regarding admission, continued stay, transfer, discharge or exclusion to the program may file a complaint or grievance by following the established Complaint/Grievance policy and procedure.

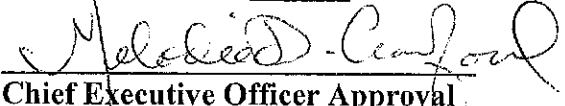
Staffing

Program Coordinator, who is licensed in the State of Alabama as a professional counselor, certified social worker, psychiatric clinical nurse specialist, psychiatric nurse practitioner, marriage and family therapist, clinical psychologist, physician's assistant, physician; or has a master's degree or above from an accredited college or university in psychology, social work, counseling, psychiatric nursing, or other behavioral health area with requisite course work equivalent to that of a degree in counseling, psychology, social work, or psychiatric nursing, and has successfully completed a clinical practicum, and/or holds a substance abuse counselor certification credential from the Alabama Association of Addiction Counselors, National Association of Alcoholism and Drug Abuse Counselors, Alabama Alcohol and Drug Association, or International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc.

Qualified Substance Abuse Professionals (QSAP) will provide treatment services. QSAP II shall have a master's degree or above from an accredited college or university in psychology, social work, counseling, psychiatric nursing, or other behavioral health area with requisite course work equivalent to that of a degree in counseling, psychology, social work, or psychiatric nursing, and has successfully completed a relevant clinical practicum, and holds a substance abuse counselor certification credential from the Alabama Association of Addiction Counselors, National Association of Alcoholism and Drug Abuse Counselors, Alabama Alcohol and Drug Association, or International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. QSAP II shall participate in concurrent clinical supervision by a QSAP I until the attainment of the substance abuse certification.

Date of Board Approval: 6-13-12

Date of Revision: 12-9-14


Chief Executive Officer Approval

**Chilton Shelby Mental Health Center
Substance Abuse Division**

Name of Program

Shelby County Intensive Outpatient Services for Adults (Level II.1)

Definition

Time limited, goal oriented rehabilitation services in an intensive outpatient setting designed to assist adult clients in reaching and maintaining a substance free lifestyle.

See policy manual for specific descriptions of policies and procedures related to this program.

Location

Shelby County Adult Outpatient Program is located at 151 Hamilton Lane, Calera, AL 35040; telephone number (205) 668-4308; fax number (205) 668-0894; website CSMHC.org

Hours of Operation

Regular office hours are between 8:00 a.m. and 4:30 p.m., Monday through Thursday with Intensive Outpatient Services being provided on Tuesday, Wednesday and Thursday night from 5:30 pm to 8:30 pm.

Program Philosophy

Chilton Shelby Mental Health Center's Shelby County Adult Intensive Outpatient Program's treatment philosophy is grounded in the belief of chemical dependency as a spiritual and a medical disease. Our experience has shown that a combination of education, individualized treatment planning and counseling, a strong network of support and active involvement in the recovery community is the most effective approach to treatment of chemical dependency. We believe that treatment need not be punitive or degrading but nurturing with the focus on individual strengths and provided in an environment that promotes healing. We maintain that Recovery must be an ongoing process, taking into account each aspect of life that is altered by alcohol and drug use. We emphasize treatment of the physical, emotional, spiritual, and family aspects of addiction and alcoholism through the utilization of Evidence Based Programs appropriate for the level of care which is determined by the use of The American Society for Addiction Medicine Patient Placement Criteria (ASAMPPC-2R) during the assessment procedure and at regular intervals during the course of treatment.

Program/Service Components

The focus of services is comprehensive and based on client needs. The following services are available:

- Assessment and Referral
- Individual Therapy
- Family Therapy
- Group Therapy
- Psychoeducation
- Didactic Education
- Mental Health Consultation
- Recovery Support Services
- Peer Counseling Services
- Medication Management
- Alcohol and/or Drug Screening/Testing
- Smoking Cessation
- Sign Language Interpreter Services
- Case Management
- Case Planning
- Follow Up Contact
- HIV/AIDS early intervention and education
- Hepatitis, STD, TB education
- Referral to medical care
- Emergency Services available by telephone 24 hours per day, 7 days per week

Regularly scheduled treatment sessions will be provided in the amount, frequency and intensity appropriate to the client's assessed needs and expressed desires for care. The frequency and amount of service will be available a minimum of nine hours per week and no more than nineteen hours per week. Service strategies shall include, at a minimum implementation of individualized counseling plan strategies, ongoing/continuous individualized assessment services, motivational enhancement and engagement strategies, relapse prevention strategies, interpersonal choice/decision making skill development, health education, random drug screening, family education and gender responsive treatment.

Clients will have access to support services on site, or through consultation or referral, which shall minimally include medical, psychiatric, psychological, laboratory and toxicology services; medical and psychiatric consultation will be available within 24 hours by telephone or if in person, within a timeframe appropriate to the severity and urgency of the consultation requested; coordination through referral to more intensive levels of care and medication management; mutual self help groups that are tailored to the needs of the specific client population; referral for other services as according to the client's assessed needs.

Admission/Readmission Criteria

The following criteria are necessary for admission:

- Client meets criteria for a diagnostic impression of substance abuse or dependence

- Client meets dimensional criteria for admission to this level of care as defined in the most recent edition of the ASAM PPC 2-R
- Client is assessed to need this level of care
- Client must be able to benefit from outpatient services
- Client must demonstrate desire and ability to be involved in the program and assume responsibility for behavior change
- Client must be 18 years of age or older
- Client whose progress in a more intensive level of care warrants a step down to a less intensive level of care
- Clients who are in early stages of change and who are not yet ready to commit to full recovery
- Clients who are experiencing increased conflict, demonstrating passive compliance or considering leaving treatment

Priority access to treatment will be given to the following groups in order of priority:

1. Individuals who are pregnant and have intravenous substance abuse disorders
2. Individuals who are pregnant and have substance use disorders
3. Individuals who have intravenous substance use disorders.
4. Women with dependent children
5. Individuals who are HIV positive
6. All others with substance use disorders

Individuals requesting services will be screened for priority access during the initial contact with the individual.

No person will be denied admission to the program, beyond the scope of unique service level eligibility criteria, on the basis of sex, race, color, creed, handicap, or age in accordance with Title VI of the Civil Rights Act of 1964, as amended, 42 USC 2000d, Title XI of the Education Amendments of 1972, 20 USC 1681-1686 and s. 504 of the Rehabilitation Act of 1973, as amended 29 USC 794, and the American with Disabilities Act of 1990, as amended, 42 USC 12101-12213.

A waiting list may be created if there are requests for services when the program is functioning at capacity. The waiting list priority will be based on the date and time of the request for services. When a vacancy becomes available the person who requested services first will be contacted and contacts continue down the waiting list until all vacancies are filled.

Continued Stay Criteria

The following criteria are necessary for continued stay:

- Client is making progress but has not yet achieved the goal(s) established in the individualized service plan and continued treatment at the current level of care has been assessed as necessary to permit the client to continue to work toward the established goals
- Client is not yet making progress but has the capacity to resolve identified problem(s) and is actively working toward goal(s) identified in the individualized service plan. Continued treatment at this level of care has been assessed as necessary to permit the client to continue to work toward established goals.

- New problems have been identified that are appropriate for service delivery at this level of care and this level is the least intensive at which the client's new problem(s) may be addressed effectively.
- Client preference

Transfer/Discharge Criteria

At least one of the following criteria must be met for transfer/discharge:

- Client has achieved the goals established in the individualized service plan, thus resolving the problem(s) that justified admission to the current level of care, and continuation of services at another level of care is indicated
- Client has been unable to resolve the problem(s) that justified admission to the present level of care, despite modifications of the service plan, therefore service at another level of care is indicated
- Client has demonstrated a lack of capacity to resolve identified problem(s), therefore service at another level of care is indicated
- Client has experienced an intensification of problem(s), or has developed a new problem(s), and can be treated effectively only at a more intensive level of care
- Client preference
- Client has achieved the goals established in the individualized service plan, thus resolving the problem(s) that justified admission to the current level of care, and continuation of services at this time is not indicated

Exclusionary Criteria

Outpatient services will not be provided if:

- Client is a danger to self or others
- Client exhibits severe behaviors which would negatively impact on other clients
- Client has a history of uncooperative behavior and multiple failed treatments

Exclusions will not be made based exclusively on age, gender, pregnancy status, educational achievement and literacy, household composition, ethnic background, income level and ability to pay, need for or use of medication assisted therapy, disability, existence of a co-occurring mental illness and substance use disorder, HIV status, current maintenance on methadone, previous admissions to the program, prior withdrawal from treatment against clinical advice, referral source, involvement with the criminal justice system, or relapse.

Upon request any individual deemed ineligible for the program may receive a written rationale that objectively states or describes the reasons for service denial.

Appeal Process

Any person who does not agree with a decision regarding admission, continued stay, transfer, discharge or exclusion to the program may file a complaint or grievance by following the established Complaint/Grievance policy and procedure.

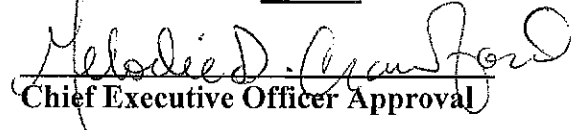
Staffing

Program Coordinator, who is licensed in the State of Alabama as a professional counselor, certified social worker, psychiatric clinical nurse specialist, psychiatric nurse practitioner, marriage and family therapist, clinical psychologist, physician's assistant, physician; or has a master's degree or above from an accredited college or university in psychology, social work, counseling, psychiatric nursing, or other behavioral health area with requisite course work equivalent to that of a degree in counseling, psychology, social work, or psychiatric nursing, and has successfully completed a clinical practicum, and/or holds a substance abuse counselor certification credential from the Alabama Association of Addiction Counselors, National Association of Alcoholism and Drug Abuse Counselors, Alabama Alcohol and Drug Association, or International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc.

Qualified Substance Abuse Professionals (QSAP) will provide treatment services. QSAP II shall have a master's degree or above from an accredited college or university in psychology, social work, counseling, psychiatric nursing, or other behavioral health area with requisite course work equivalent to that of a degree in counseling, psychology, social work, or psychiatric nursing, and has successfully completed a relevant clinical practicum, and holds a substance abuse counselor certification credential from the Alabama Association of Addiction Counselors, National Association of Alcoholism and Drug Abuse Counselors, Alabama Alcohol and Drug Association, or International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. QSAP II shall participate in concurrent clinical supervision by a QSAP I until the attainment of the substance abuse certification.

Date of Board Approval: 6-13-12

Date of Revision: 12-9-14


Chief Executive Officer Approval

**Chilton Shelby Mental Health Center
Substance Abuse Division**

Name of Program

Chilton County Outpatient Services for Adults (Level I)

Definition

Time limited, goal oriented rehabilitation services in an outpatient setting designed to assist adult clients in reaching and maintaining a substance free lifestyle.

See policy manual for specific descriptions of policies and procedures related to this program.

Location

Chilton County Adult Outpatient Program is located at 110 Medical Center Drive, Clanton, AL 35045; telephone number (205) 755-5985; fax number (205) 755-7060; website CSMHC.org. Services may be provided in any setting that protects the client's right to privacy, confidentiality and safety.

Hours of Operation

Regular office hours are between 8:00 a.m. and 4:30 p.m., Monday through Thursday. Services may be provided outside the standard hours based on needs of the client, including work, school, parenting responsibilities and transportation accessibility.

Program Philosophy

Chilton Shelby Mental Health Center's Chilton County Adult Outpatient Program's treatment philosophy is grounded in the belief of chemical dependency as a spiritual and a medical disease. Our experience has shown that a combination of education, individualized treatment planning and counseling, a strong network of support and active involvement in the recovery community is the most effective approach to treatment of chemical dependency. We believe that treatment need not be punitive or degrading but nurturing with the focus on individual strengths and provided in an environment that promotes healing. We maintain that Recovery must be an ongoing process, taking into account each aspect of life that is altered by alcohol and drug use. We emphasize treatment of the physical, emotional, spiritual, and family aspects of addiction and alcoholism through the utilization of Evidence Based Programs appropriate for the level of care which is determined by the use of The American Society for Addiction Medicine Patient Placement Criteria (ASAMPPC-2R) during the assessment procedure and at regular intervals during the course of treatment.

Program/Service Components

The focus of services is comprehensive and based on client needs. The following services are available:

- Assessment and Referral
- Individual Therapy
- Family Therapy
- Group Therapy
- Psychoeducation
- Didactic Education
- Mental Health Consultation
- Recovery Support Services
- Peer Counseling Services
- Medication Management
- Alcohol and/or Drug Screening/Testing
- Smoking Cessation
- Sign Language Interpreter Services
- Case Management
- Case Planning
- Follow Up Contact
- HIV/AIDS early intervention and education
- Hepatitis, STD, TB education
- Referral to medical care
- Emergency Services available by telephone 24 hours per day, 7 days per week

Regularly scheduled treatment sessions will be provided in the amount, frequency and intensity appropriate to the client's assessed needs and expressed desires for care. The frequency and amount of service will not exceed eight contact hours weekly. Service strategies shall include, at a minimum implementation of individualized counseling plan strategies, ongoing/continuous individualized assessment services, motivational enhancement and engagement strategies, relapse prevention strategies, interpersonal choice/decision making skill development, health education, random drug screening, family education and gender responsive treatment.

Clients will have access to support services on site, or through consultation or referral, which shall minimally include medical, psychiatric, psychological, laboratory and toxicology services; medical and psychiatric consultation will be available within 24 hours by telephone or if in person, within a timeframe appropriate to the severity and urgency of the consultation requested; coordination through referral to more intensive levels of care and medication management; mutual self help groups that are tailored to the needs of the specific client population; referral for other services as according to the client's assessed needs.

Admission/Readmission Criteria

The following criteria are necessary for admission:

- Client meets criteria for a diagnostic impression of substance abuse or dependence
- Client meets dimensional criteria for admission to this level of care as defined in the most recent edition of the ASAM PPC 2-R

- Client is assessed to need this level of care
- Client must be able to benefit from outpatient services
- Client must demonstrate desire and ability to be involved in the program and assume responsibility for behavior change
- Client must be 18 years of age or older
- Client whose progress in a more intensive level of care warrants a step down to a less intensive level of care
- Clients who are in early stages of change and who are not yet ready to commit to full recovery
- Clients who are experiencing increased conflict, demonstrating passive compliance or considering leaving treatment

Priority access to treatment will be given to the following groups in order of priority:

1. Individuals who are pregnant and have intravenous substance abuse disorders
2. Individuals who are pregnant and have substance use disorders
3. Individuals who have intravenous substance use disorders.
4. Women with dependent children
5. Individuals who are HIV positive
6. All others with substance use disorders

Individuals requesting services will be screened for priority access during the initial contact with the individual.

No person will be denied admission to the program, beyond the scope of unique service level eligibility criteria, on the basis of sex, race, color, creed, handicap, or age in accordance with Title VI of the Civil Rights Act of 1964, as amended, 42 USC 2000d, Title XI of the Education Amendments of 1972, 20 USC 1681-1686 and s. 504 of the Rehabilitation Act of 1973, as amended 29 USC 794, and the American with Disabilities Act of 1990, as amended, 42 USC 12101-12213.

A waiting list may be created if there are requests for services when the program is functioning at capacity. The waiting list priority will be based on the date and time of the request for services. When a vacancy becomes available the person who requested services first will be contacted and contacts continue down the waiting list until all vacancies are filled.

Continued Stay Criteria

The following criteria are necessary for continued stay:

- Client is making progress but has not yet achieved the goal(s) established in the individualized service plan and continued treatment at the current level of care has been assessed as necessary to permit the client to continue to work toward the established goals
- Client is not yet making progress but has the capacity to resolve identified problem(s) and is actively working toward goal(s) identified in the individualized service plan. Continued treatment at this level of care has been assessed as necessary to permit the client to continue to work toward established goals.

- New problems have been identified that are appropriate for service delivery at this level of care and this level is the least intensive at which the client's new problem(s) may be addressed effectively.
- Client preference

Transfer/Discharge Criteria

At least one of the following criteria must be met for transfer/discharge:

- Client has achieved the goals established in the individualized service plan, thus resolving the problem(s) that justified admission to the current level of care, and continuation of services at another level of care is indicated
- Client has been unable to resolve the problem(s) that justified admission to the present level of care, despite modifications of the service plan, therefore service at another level of care is indicated
- Client has demonstrated a lack of capacity to resolve identified problem(s), therefore service at another level of care is indicated
- Client has experienced an intensification of problem(s), or has developed a new problem(s), and can be treated effectively only at a more intensive level of care
- Client preference
- Client has achieved the goals established in the individualized service plan, thus resolving the problem(s) that justified admission to the current level of care, and continuation of services at this time is not indicated

Exclusionary Criteria

Outpatient services will not be provided if:

- Client is a danger to self or others
- Client exhibits severe behaviors which would negatively impact on other clients
- Client has a history of uncooperative behavior and multiple failed treatments

Exclusions will not be made based exclusively on age, gender, pregnancy status, educational achievement and literacy, household composition, ethnic background, income level and ability to pay, need for or use of medication assisted therapy, disability, existence of a co-occurring mental illness and substance use disorder, HIV status, current maintenance on methadone, previous admissions to the program, prior withdrawal from treatment against clinical advice, referral source, involvement with the criminal justice system, or relapse.

Upon request any individual deemed ineligible for the program may receive a written rationale that objectively states or describes the reasons for service denial.

Appeal Process

Any person who does not agree with a decision regarding admission, continued stay, transfer, discharge or exclusion to the program may file a complaint or grievance by following the established Complaint/Grievance policy and procedure.

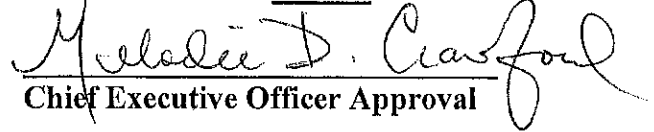
Staffing

Program Coordinator, who is licensed in the State of Alabama as a professional counselor, certified social worker, psychiatric clinical nurse specialist, psychiatric nurse practitioner, marriage and family therapist, clinical psychologist, physician's assistant, physician; or has a master's degree or above from an accredited college or university in psychology, social work, counseling, psychiatric nursing, or other behavioral health area with requisite course work equivalent to that of a degree in counseling, psychology, social work, or psychiatric nursing, and has successfully completed a clinical practicum, and/or holds a substance abuse counselor certification credential from the Alabama Association of Addiction Counselors, National Association of Alcoholism and Drug Abuse Counselors, Alabama Alcohol and Drug Association, or International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc.

Qualified Substance Abuse Professionals (QSAP) will provide treatment services. QSAP II shall have a master's degree or above from an accredited college or university in psychology, social work, counseling, psychiatric nursing, or other behavioral health area with requisite course work equivalent to that of a degree in counseling, psychology, social work, or psychiatric nursing, and has successfully completed a relevant clinical practicum, and holds a substance abuse counselor certification credential from the Alabama Association of Addiction Counselors, National Association of Alcoholism and Drug Abuse Counselors, Alabama Alcohol and Drug Association, or International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. QSAP II shall participate in concurrent clinical supervision by a QSAP I until the attainment of the substance abuse certification.

Date of Board Approval: 6-13-12

Date of Revision: 12-9-14


Chief Executive Officer Approval

**Chilton Shelby Mental Health Center
Substance Abuse Division**

Name of Program

Chilton County Intensive Outpatient Services for Adults (Level II.1)

Definition

Time limited, goal oriented rehabilitation services in an intensive outpatient setting designed to assist adult clients in reaching and maintaining a substance free lifestyle.

See policy manual for specific descriptions of policies and procedures related to this program.

Location

Chilton County Adult Outpatient Program is located at 110 Medical Center Drive; telephone number (205) 755-5985; fax number (205) 755-7060; website CSMHC.org

Hours of Operation

Regular office hours are between 8:00 a.m. and 4:30 p.m., Monday through Thursday with Intensive Outpatient Services being provided on Tuesday, Wednesday and Thursday night from 5:30 pm to 8:30 pm.

Program Philosophy

Chilton Shelby Mental Health Center's Chilton County Intensive Outpatient Program's treatment philosophy is grounded in the belief of chemical dependency as a spiritual and a medical disease. Our experience has shown that a combination of education, individualized treatment planning and counseling, a strong network of support and active involvement in the recovery community is the most effective approach to treatment of chemical dependency. We believe that treatment need not be punitive or degrading but nurturing with the focus on individual strengths and provided in an environment that promotes healing. We maintain that Recovery must be an ongoing process, taking into account each aspect of life that is altered by alcohol and drug use. We emphasize treatment of the physical, emotional, spiritual, and family aspects of addiction and alcoholism through the utilization of Evidence Based Programs appropriate for the level of care which is determined by the use of The American Society for Addiction Medicine Patient Placement Criteria (ASAMPPC-2R) during the assessment procedure and at regular intervals during the course of treatment.

Program/Service Components

The focus of services is comprehensive and based on client needs. The following services are available:

- Assessment and Referral
- Individual Therapy
- Family Therapy
- Group Therapy
- Psychoeducation
- Didactic Education
- Mental Health Consultation
- Recovery Support Services
- Peer Counseling Services
- Medication Management
- Alcohol and/or Drug Screening/Testing
- Smoking Cessation
- Sign Language Interpreter Services
- Case Management
- Case Planning
- Follow Up Contact
- HIV/AIDS early intervention and education
- Hepatitis, STD, TB education
- Referral to medical care
- Emergency Services available by telephone 24 hours per day, 7 days per week

Regularly scheduled treatment sessions will be provided in the amount, frequency and intensity appropriate to the client's assessed needs and expressed desires for care. The frequency and amount of service will be available a minimum of nine hours per week and no more than nineteen hours per week. Service strategies shall include, at a minimum implementation of individualized counseling plan strategies, ongoing/continuous individualized assessment services, motivational enhancement and engagement strategies, relapse prevention strategies, interpersonal choice/decision making skill development, health education, random drug screening, family education and gender responsive treatment.

Clients will have access to support services on site, or through consultation or referral, which shall minimally include medical, psychiatric, psychological, laboratory and toxicology services; medical and psychiatric consultation will be available within 24 hours by telephone or if in person, within a timeframe appropriate to the severity and urgency of the consultation requested; coordination through referral to more intensive levels of care and medication management; mutual self help groups that are tailored to the needs of the specific client population; referral for other services as according to the client's assessed needs.

Admission/Readmission Criteria

The following criteria are necessary for admission:

- Client meets criteria for a diagnostic impression of substance abuse or dependence
- Client meets dimensional criteria for admission to this level of care as defined in the most recent edition of the ASAM PPC 2-R
- Client is assessed to need this level of care
- Client must be able to benefit from outpatient services
- Client must demonstrate desire and ability to be involved in the program and assume responsibility for behavior change
- Client must be 18 years of age or older
- Client whose progress in a more intensive level of care warrants a step down to a less intensive level of care
- Clients who are in early stages of change and who are not yet ready to commit to full recovery
- Clients who are experiencing increased conflict, demonstrating passive compliance or considering leaving treatment

Priority access to treatment will be given to the following groups in order of priority:

1. Individuals who are pregnant and have intravenous substance abuse disorders
2. Individuals who are pregnant and have substance use disorders
3. Individuals who have intravenous substance use disorders.
4. Women with dependent children
5. Individuals who are HIV positive
6. All others with substance use disorders

Individuals requesting services will be screened for priority access during the initial contact with the individual.

No person will be denied admission to the program, beyond the scope of unique service level eligibility criteria, on the basis of sex, race, color, creed, handicap, or age in accordance with Title VI of the Civil Rights Act of 1964, as amended, 42 USC 2000d, Title XI of the Education Amendments of 1972, 20 USC 1681-1686 and s. 504 of the Rehabilitation Act of 1973, as amended 29 USC 794, and the American with Disabilities Act of 1990, as amended, 42 USC 12101-12213.

A waiting list may be created if there are requests for services when the program is functioning at capacity. The waiting list priority will be based on the date and time of the request for services. When a vacancy becomes available the person who requested services first will be contacted and contacts continue down the waiting list until all vacancies are filled.

Continued Stay Criteria

The following criteria are necessary for continued stay:

- Client is making progress but has not yet achieved the goal(s) established in the individualized service plan and continued treatment at the current level of care has been assessed as necessary to permit the client to continue to work toward the established goals

- Client is not yet making progress but has the capacity to resolve identified problem(s) and is actively working toward goal(s) identified in the individualized service plan. Continued treatment at this level of care has been assessed as necessary to permit the client to continue to work toward established goals.
- New problems have been identified that are appropriate for service delivery at this level of care and this level is the least intensive at which the client's new problem(s) may be addressed effectively.
- Client preference

Transfer/Discharge Criteria

At least one of the following criteria must be met for transfer/discharge:

- Client has achieved the goals established in the individualized service plan, thus resolving the problem(s) that justified admission to the current level of care, and continuation of services at another level of care is indicated
- Client has been unable to resolve the problem(s) that justified admission to the present level of care, despite modifications of the service plan, therefore service at another level of care is indicated
- Client has demonstrated a lack of capacity to resolve identified problem(s), therefore service at another level of care is indicated
- Client has experienced an intensification of problem(s), or has developed a new problem(s), and can be treated effectively only at a more intensive level of care
- Client preference
- Client has achieved the goals established in the individualized service plan, thus resolving the problem(s) that justified admission to the current level of care, and continuation of services at this time is not indicated

Exclusionary Criteria

Outpatient services will not be provided if:

- Client is a danger to self or others
- Client exhibits severe behaviors which would negatively impact on other clients
- Client has a history of uncooperative behavior and multiple failed treatments

Exclusions will not be made based exclusively on age, gender, pregnancy status, educational achievement and literacy, household composition, ethnic background, income level and ability to pay, need for or use of medication assisted therapy, disability, existence of a co-occurring mental illness and substance use disorder, HIV status, current maintenance on methadone, previous admissions to the program, prior withdrawal from treatment against clinical advice, referral source, involvement with the criminal justice system, or relapse.

Upon request any individual deemed ineligible for the program may receive a written rationale that objectively states or describes the reasons for service denial.

Appeal Process

Any person who does not agree with a decision regarding admission, continued stay, transfer, discharge or exclusion to the program may file a complaint or grievance by following the established Complaint/Grievance policy and procedure.

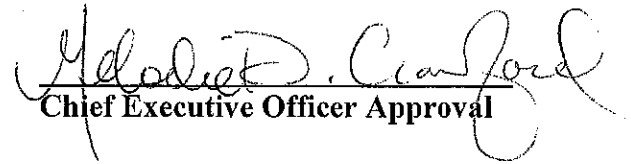
Staffing

Program Coordinator, who is licensed in the State of Alabama as a professional counselor, certified social worker, psychiatric clinical nurse specialist, psychiatric nurse practitioner, marriage and family therapist, clinical psychologist, physician's assistant, physician; or has a master's degree or above from an accredited college or university in psychology, social work, counseling, psychiatric nursing, or other behavioral health area with requisite course work equivalent to that of a degree in counseling, psychology, social work, or psychiatric nursing, and has successfully completed a clinical practicum, and/or holds a substance abuse counselor certification credential from the Alabama Association of Addiction Counselors, National Association of Alcoholism and Drug Abuse Counselors, Alabama Alcohol and Drug Association, or International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc.

Qualified Substance Abuse Professionals (QSAP) will provide treatment services. QSAP II shall have a master's degree or above from an accredited college or university in psychology, social work, counseling, psychiatric nursing, or other behavioral health area with requisite course work equivalent to that of a degree in counseling, psychology, social work, or psychiatric nursing, and has successfully completed a relevant clinical practicum, and holds a substance abuse counselor certification credential from the Alabama Association of Addiction Counselors, National Association of Alcoholism and Drug Abuse Counselors, Alabama Alcohol and Drug Association, or International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. QSAP II shall participate in concurrent clinical supervision by a QSAP I until the attainment of the substance abuse certification.

Date of Board Approval: 8-14-02

Date of Revision: 6-10-09


Chief Executive Officer Approval

**Chilton Shelby Mental Health Center
Substance Abuse Division**

Name of Program

Prevention Services

Definition

Education service aimed at decreasing the risk of alcohol, drug abuse and other related behavior problems in children and adolescents.

Location

Prevention Services are provided in area schools, alternative programs, residential facilities, and Head Start Centers in Chilton and Shelby Counties. Summer day camps may be provided in local state parks and other camp facilities.

Hours of Operation

Hours are varied depending on location of services and time of year services are provided.

Program/Service Components

Services are focused on children and adolescents who are at "high risk" for alcohol, drug abuse and for other behaviors which could cause significant life problems. The following services are available:

- Crime Reduction Training
- Anger Reduction Training
- Refusal Skills Training
- AIDS Awareness
- Violence Prevention
- Conflict Resolution
- Self Esteem Building
- Socialization Skills
- Life Skills

Admission Criteria

The following criteria are necessary for admission to Prevention Services:

- Client is at least 4 years of age
- Client must be enrolled in a school based program or alternative program
- Referred by the school counselor, residential manager or Juvenile Probation officer or be included in a presentation for an entire classroom

Continued Stay Criteria

The following criteria are necessary for continued stay:

- Client needs can be met by this level of service
- Client responds positively to the program as evidenced by compliance with rules and regulations

Transfer/Discharge Criteria

At least one of the following criteria must be met for transfer/discharge:

- Client completes the program
- Referral source removes client from the program
- Client is unwilling to comply with program requirements

Exclusionary Criteria

Services will not be provided if:

- Client is a danger to self or others
- Client exhibits severe behaviors which would negatively impact on other clients in the group
- Client is unwilling to comply with program requirements and expectations
- Client is involved in Substance Abuse treatment

Appeal Process

Any person who does not agree with a decision regarding admission, continued stay, transfer, discharge or exclusion to the program may file a complaint or grievance by following the established Complaint/Grievance policy and procedure.

Staffing

Prevention Coordinator must have a master's degree in a human services field and two years experience, one year in substance abuse prevention or complete one prevention course. Other prevention staff must have a bachelor's degree or two years of college or two years of substance abuse experience. All staff must complete required certification training within one year of employment.

ATTACHMENT C

**THE MENTAL HEALTH BOARD OF
CHILTON AND SHELBY COUNTIES, INC.**

**FINANCIAL STATEMENTS
YEARS ENDED SEPTEMBER 30, 2013 AND 2012**

THE MENTAL HEALTH BOARD OF CHILTON AND SHELBY COUNTIES, INC.

TABLE OF CONTENTS

	<u>Page</u>
INDEPENDENT AUDITOR'S REPORT	1-3
FINANCIAL STATEMENTS:	
STATEMENTS OF NET POSITION	4-5
STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION	6
STATEMENTS OF CASH FLOWS	7-8
NOTES TO THE FINANCIAL STATEMENTS	9-25
REQUIRED SUPPLEMENTARY INFORMATION:	
SCHEDULE OF FUNDING PROGRESS - DEFINED BENEFIT PENSION PLAN	27
SUPPLEMENTARY INFORMATION:	
SCHEDULE OF REVENUES	29
SCHEDULE OF EXPENSES	30
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS	31
NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS	32
ADDITIONAL INFORMATION:	
BOARD OF DIRECTORS AND OFFICIALS	34

THE MENTAL HEALTH BOARD OF CHILTON AND SHELBY COUNTIES, INC.

TABLE OF CONTENTS (Continued)

Page

OTHER REPORTS:

INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS	36-37
INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE WITH REQUIREMENTS ON EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY OMB CIRCULAR A-133	38-39
SCHEDULE OF FINDINGS AND QUESTIONED COSTS	40
REPORT ON COMPLIANCE WITH DEPARTMENT OF MENTAL HEALTH/MENTAL HEALTH RETARDATION CONTRACTS	41
SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS	42
AUDITEE RESPONSE/CORRECTIVE ACTION PLAN	43

DeLOACH, BARBER & CASPERS, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

2020 Hwy 33
Pelham, Alabama 35124
(205) 822-6350

John H. DeLoach, CPA
S. Wayne Barber II, CPA
John E. Caspers, MBA, CPA

Mailing Address
2020 Hwy 33
Pelham, Alabama 35124
Fax: (205) 822-1408
Website: www.dbccpas.com

INDEPENDENT AUDITOR'S REPORT

President and Members of the Board of Directors
The Mental Health Board of Chilton and Shelby Counties, Inc.

Report on the Financial Statements

We have audited the accompanying basic financial statements of The Mental Health Board of Chilton and Shelby Counties, Inc., as of and for the years ended September 30, 2013 and 2012, and the related notes to the financial statements, which collectively comprise The Mental Health Board of Chilton and Shelby Counties, Inc.'s basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Mental Health Board of Chilton and Shelby Counties, Inc., as of September 30, 2013 and 2012, and the changes in its financial position and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require the schedule of funding progress for defined benefit pension plan on page 27 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in the appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted on inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Management has not presented the Management Discussion and Analysis that accounting principles generally accepted in the United States of America required to be presented to supplement the basic financial statements. Such missing information, although not a part of the basic financial statements, is required by the Government Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. Our opinion on the basic financial statements is not affected by this missing information.

Supplementary Information

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise The Mental Health Board of Chilton and Shelby Counties, Inc.'s basic financial statements. The accompanying supplementary information (pages 29-30) and additional information (page 34) are presented for purposes of additional analysis and are not a required part of the basic financial statements. The Schedule of Expenditure of Federal Awards (Pages 31-32) is presented for purposes of additional analysis as required by the U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, and is also not a required part of the basic financial statements.

The supplementary information, additional information, and the Schedule of Expenditures of Federal Awards are the responsibility of management and were derived from and relate directly to the underlying accounting and other records used to prepare the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the supplementary information, additional information, and the Schedule of Expenditures of Federal Awards are fairly stated in all material respects in relation to the basic financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated February 1, 2014, on our consideration of The Mental Health Board of Chilton and Shelby Counties, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering The Mental Health Board of Chilton and Shelby Counties, Inc.'s internal control over financial reporting and compliance.

DeLoach, Barber & Casper, P. C.

February 1, 2014

THE MENTAL HEALTH BOARD OF CHILTON AND SHELBY COUNTIES, INC.

STATEMENTS OF NET POSITION
SEPTEMBER 30, 2013 AND 2012

	2013	2012
ASSETS		
<u>Current Assets</u>		
Cash and cash equivalents	\$ 3,070,720	\$ 3,022,327
Accounts receivable - clients, net of allowance	63,641	37,665
Accounts receivable - Medicare	11,582	8,519
Accounts receivable - Medicaid	163,339	208,943
Accounts receivable - third party insurance	35,010	25,044
Contracts receivable		
Federal government	120,596	97,149
State and local government	476,246	381,801
Accounts receivable - other	19,050	25,104
Interest receivable	156	180
Inventories	15,887	14,567
Prepaid expenses	<u>71,778</u>	<u>66,189</u>
Total Current Assets	<u>4,048,005</u>	<u>3,887,488</u>
<u>Noncurrent Assets</u>		
Restricted cash and cash equivalents - client accounts	92,038	60,333
Capital Assets:		
Land	78,929	78,929
Depreciable capital assets, net of accumulated depreciation	<u>3,047,148</u>	<u>3,229,425</u>
Total Noncurrent Assets	<u>3,218,115</u>	<u>3,368,687</u>
<u>Deferred Outflows of Resources</u>		
Unamortized loan costs	<u>10,430</u>	<u>12,015</u>
Total Assets and Deferred Outflows of Resources	<u>\$ 7,276,550</u>	<u>\$ 7,268,190</u>

The accompanying Notes to the Financial Statements are an integral part of these financial statements.

THE MENTAL HEALTH BOARD OF CHILTON AND SHELBY COUNTIES, INC.

STATEMENTS OF NET POSITION
SEPTEMBER 30, 2013 AND 2012

	2013	2012
LIABILITIES		
<u>Current Liabilities</u>		
Current portion of long-term debt	\$ 54,005	\$ 51,452
Current portion of compensated absences	91,618	94,760
Accounts payable	104,083	98,878
Accounts payable - client	37,195	58,918
Payroll taxes payable	17,633	14,818
Pension plan payable	30,769	26,989
Salaries and wages payable	<u>181,711</u>	<u>155,785</u>
Total Current Liabilities	<u>517,014</u>	<u>501,600</u>
<u>Noncurrent Liabilities</u>		
Notes payable	1,283,273	1,336,487
Compensated absences	137,428	142,141
Security deposits	<u>6,802</u>	<u>6,948</u>
Total Noncurrent Liabilities	<u>1,427,503</u>	<u>1,485,576</u>
Total Liabilities	<u>1,944,517</u>	<u>1,987,176</u>
NET POSITION		
<u>Net Position</u>		
Invested in capital assets, net of related debt	1,788,799	1,920,415
Unrestricted	<u>3,543,234</u>	<u>3,360,599</u>
Total Net Position	<u>5,332,033</u>	<u>5,281,014</u>
Total Liabilities and Net Position	<u>\$ 7,276,550</u>	<u>\$ 7,268,190</u>

The accompanying Notes to the Financial Statements are an integral part of these financial statements.

THE MENTAL HEALTH BOARD OF CHILTON AND SHELBY COUNTIES, INC.

STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION
FOR THE YEARS ENDED SEPTEMBER 30, 2013 AND 2012

	2013	2012
<u>Operating Revenues</u>		
Patient fees and third party payers	\$ 916,575	\$ 881,435
Federal government - Medicaid and waiver contracts	1,582,355	1,895,071
Federal grants and contracts	541,929	509,034
State grants and contracts	2,993,066	2,987,346
Local grants and contracts	1,218,197	1,231,457
Other operating revenues	<u>58,438</u>	<u>60,233</u>
	<u>7,310,560</u>	<u>7,564,576</u>
<u>Operating Expenses</u>		
Administrative	1,109,890	1,013,831
Program	<u>6,095,226</u>	<u>5,985,235</u>
Total Operating Expenses	<u>7,205,116</u>	<u>6,999,066</u>
Operating Income	<u>105,444</u>	<u>565,510</u>
<u>Non-Operating Revenues (Expenses)</u>		
Investment income	11,361	10,836
Insurance proceeds	533	
Gain on disposal of asset	(743)	
Interest expense	<u>(65,576)</u>	<u>(62,622)</u>
Total Non-Operating Revenues (Expenses)	<u>(54,425)</u>	<u>(51,786)</u>
Increase in Net Position	51,019	513,724
Net Position - Beginning of Year	<u>5,281,014</u>	<u>4,767,290</u>
Net Position, End of Year	<u>\$ 5,332,033</u>	<u>\$ 5,281,014</u>

The accompanying Notes to the Financial Statements are an integral part of these financial statements.

THE MENTAL HEALTH BOARD OF CHILTON AND SHELBY COUNTIES, INC.

STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED SEPTEMBER 30, 2013 AND 2012

	2013	2012
<u>Cash Flows From Operating Activities</u>		
Cash received from federal, state, and local governments	\$ 6,263,259	\$ 6,481,340
Cash received from and on behalf of patients	877,961	871,030
Cash received from other sources	64,492	51,196
Cash paid for salaries and related expenses	(5,071,582)	(4,854,125)
Payments to suppliers and others	<u>(1,861,083)</u>	<u>(1,873,665)</u>
Net cash provided by operating activities	<u>273,047</u>	<u>675,776</u>
<u>Cash Flows From Capital and Related Financing Activities</u>		
Payments for capital acquisitions	(88,097)	(74,419)
Principal payments on long-term debt	(50,661)	(48,092)
Interest payments on long-term debt	<u>(65,576)</u>	<u>(68,274)</u>
Net cash used by capital and related financing activities	<u>(204,334)</u>	<u>(190,785)</u>
<u>Cash Flows From Investing Activities</u>		
Interest received	<u>11,385</u>	<u>10,921</u>
Net cash provided by investing activities	<u>11,385</u>	<u>10,921</u>
Net increase in cash and equivalents	80,098	495,912
Cash and equivalents, beginning of year	<u>3,082,660</u>	<u>2,586,748</u>
Cash and equivalents, end of year	<u>\$ 3,162,758</u>	<u>\$ 3,082,660</u>

(Continued)

The accompanying Notes to the Financial Statements are an integral part of these financial statements.

THE MENTAL HEALTH BOARD OF CHILTON AND SHELBY COUNTIES, INC.

STATEMENTS OF CASH FLOWS (Continued)
FOR THE YEARS ENDED SEPTEMBER 30, 2013 AND 2012

	2013	2012
<u>Reconciliation of Operating Income to Net Cash</u>		
<u>Provided by Operating Activities:</u>		
Operating Income	\$ <u>105,444</u>	\$ <u>565,510</u>
Adjustments to reconcile net income to net cash provided by operating activities:		
Depreciation	269,628	263,710
Amortization	1,584	1,584
Changes in assets and liabilities:		
(Increase) decrease:		
Accounts receivable - clients	(25,585)	(2,103)
Accounts receivable - Medicare	(3,063)	(2,846)
Accounts receivable - Medicaid	45,604	21,212
Accounts receivable - third party insurance	(9,966)	(2,578)
Accounts receivable - other	6,054	(9,037)
Contracts receivable	(117,892)	(159,934)
Prepaid expenses	(5,589)	3,364
Inventories	(1,320)	20,864
Increase (decrease):		
Accounts payable	5,205	(21,706)
Accounts payable - client	(21,723)	(4,442)
Payroll taxes payable	2,815	(2,215)
Pension plan payable	3,780	4,783
Salaries and wages payable	25,926	12,502
Compensated absences	<u>(7,855)</u>	<u>(12,892)</u>
Total adjustments	<u>167,603</u>	<u>110,266</u>
Net cash provided by operating activities	\$ <u>273,047</u>	\$ <u>675,776</u>
<u>Reconciliation of Cash Per Statements of Cash Flows to the Balance Sheet</u>		
Current Assets	\$ 3,070,720	
Restricted Assets		
Cash - client accounts	<u>92,038</u>	
Total Cash and Equivalents	\$ <u>3,162,758</u>	

The accompanying Notes to the Financial Statements are an integral part of these financial statements.

THE MENTAL HEALTH BOARD OF CHILTON AND SHELBY COUNTIES, INC.

NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2013 AND 2012

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

History and Organization

The Mental Health Board of Chilton and Shelby Counties, Inc. (the "Board") was incorporated on December 21, 1972 as a 501(c)3 corporation pursuant to the provisions of Act No. 310 of the Code of Alabama of 1975, as amended. The Board is a special purpose governmental entity engaged in business-type activities that provides behavioral healthcare services to residents of primarily Chilton and Shelby Counties whose lives are impacted by mental illness, intellectual disabilities, substance abuse and/or emotional disturbance. The Board also provides prevention services to at-risk children and adults.

Reporting Entity

In conformity with the Government Accounting Standard's Board's (GASB) definition of a reporting entity, the Board is considered a reporting entity based on the following criteria:

- a. Responsibility for Surpluses/Deficits - The Board is solely responsible for its surplus/deficits. The Board's operations are self-sustaining; revenues are generated through charges to customers.
- b. Budget Approval - The Board is solely responsible for reviewing, approving and revising its budget.
- c. Responsibility for Debt - The Board is solely responsible for payments on its debt. No other governmental units are required by statute to make any debt payments on behalf of the Board, nor have any payments on the the debt been made by any other governmental unit.
- d. Designation of Management - The Board controls the hiring of management and leased employees.
- e. Special Financial Relationship - The Board has no special financial relationships with any other governmental units.
- f. Statutory Board - The Board's statutory authority was created by the State of Alabama as an independent governmental unit. Only an amendment to state statutes can change or abolish its Board.

(Continued)

THE MENTAL HEALTH BOARD OF CHILTON AND SHELBY COUNTIES, INC.

NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2013 AND 2012

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Reporting Entity (Continued)

In evaluating how to define the Board, for financial reporting purposes, management has considered all potential component units. The decision of whether or not to include a potential component unit in the reporting entity was made by applying the criteria set forth in GAAP. The basic, but not the only, criteria for including a potential component unit within the reporting entity is the governing body's ability to exercise oversight responsibility. The most significant manifestation of this ability is financial interdependency. Other manifestations of the ability to exercise oversight responsibility include, but are not limited to, the selection of the governing authority, the designation of management, the ability to significantly influence operations and accountability for fiscal matters. The other criteria used to evaluate potential component units for inclusion or exclusion from the reporting entity is the existence of special financing relationships, regardless of whether the Board is able to exercise oversight responsibilities. Based upon the application of these criteria, there are no component units which should be included as part of the financial reporting of The Mental Health Board of Chilton and Shelby Counties, Inc.

Basic Financial Statements

Basic financial statements include both government-wide, based on the Board as a whole, and fund financial statements. While the previous model emphasized fund types, the total of all funds of a particular type, in the new reporting model the focus is either on the Board as a whole or major individual funds within the fund financial statements. Both the governmental-wide and fund financial statements categorize activities as either governmental or business-type. The Board is engaged in only providing business-type activities, which are reported as an enterprise fund. These activities are financed by charges to external parties for sale of goods and services. The Board does not engage in governmental activities, the Business-Type Activity (BTA) model is used. This model presents only the financial statements required for enterprise funds.

Fund financial statements report detailed information about the Board. The focus of governmental and enterprise fund financial statements is on major funds rather than reporting funds by type. Each major fund is presented in a single column. The Board's one enterprise fund is considered major. The Board has no nonmajor funds.

The Board's enterprise fund reports all activities of the Board. Revenues received by providing comprehensive programs of community based intellectual disabilities and other developmental disabilities services are recognized as program or grant revenues.

(Continued)

THE MENTAL HEALTH BOARD OF CHILTON AND SHELBY COUNTIES, INC.

NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2013 AND 2012

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Basis of Presentation

The accounting system is organized and operated on a fund basis. A fund is defined as a fiscal and accounting entity with a self-balancing set of accounts, which are segregated for the purpose of carrying on specific activities or attaining certain objectives in accordance with special regulations, restrictions, or limitations.

The Board's fund is categorized as a proprietary fund type for financial statement presentation purposes. Proprietary funds are accounted for using the accrual basis of accounting. The accrual basis of accounting recognizes revenues when earned and expenses when incurred.

The financial statements of The Mental Health Board of Chilton and Shelby Counties, Inc. have been prepared in accordance with generally accepted accounting principles (GAAP) as applied to governmental units. The Governmental Accounting Standards Board (GASB) is the standard-setting body for governmental accounting and financial reporting. The GASB periodically updates its codification of the existing Governmental Accounting and Financial Reporting Standards which constitutes GAAP for governmental units. Proprietary funds apply Financial Accounting Standards Board (FASB) pronouncements and Accounting Principles Board (APB) opinions issued on or before November 30, 1989, unless those pronouncements conflict with or contradict GASB pronouncements, in which case, GASB prevails.

Cash and Equivalents

For purposes of the statement of cash flows, the Board considers all short-term debt securities purchased with a maturity of three months or less to be cash equivalents. Restricted assets are considered to be cash equivalents.

At September 30, 2013 the carrying amount of the Board's deposits (cash and certificates of deposits) was \$3,162,758 and the bank balance was \$3,359,172. Of the bank balances, \$894,805 was covered by either federal depository insurance or federal savings and loan insurance. Deposits with Alabama financial institutions that are in excess of FDIC insurance are secured under the Security for Alabama Funds Enhancement Act (SAFE Program). Alabama public funds are protected through a collateral pool administered by the Alabama State Treasury. The Board had \$2,464,367 of Category 1 deposits covered by the SAFE Program at September 30, 2013.

(Continued)

THE MENTAL HEALTH BOARD OF CHILTON AND SHELBY COUNTIES, INC.

NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2013 AND 2012

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investments

The Board's cash and investments are reported at cost which approximates the fair value in accordance with GASB Standards. The Board invests in government bonds, certificates of deposit, and short-term money market investments that are in accordance with the Board's investment policy.

Patient Receivables

An amount for unpaid patient services is recorded as a receivable in the records of the Board. An appropriate amount has been reserved as uncollectible patient receivables based upon prior history of uncollected receivables from patient services. The allowance for uncollected receivables from patient services is \$6,669 and \$6,717 at September 30, 2013 and 2012, respectively.

Inventory

Inventory consists of primarily supplies and drugs valued at the lower of cost (first-in, first-out) or market value. The consumption method is used to account for inventories. Under the consumption method, inventories are recorded as expenditures on acquisition and significant inventories on hand at year-end are reflected as assets.

Prepaid Expenses

Payments made to vendors for goods or services that will benefit beyond September 30, 2013 are reported as prepaid items. These prepayments are recognized as expenses ratably over the related underlying period.

Restricted Assets

Certain assets of the Board have been restricted because their use is limited by applicable bond covenants or by specified purpose. These assets consist of the following.

Cash - client accounts	\$ <u>92,038</u>
------------------------	------------------

When both restricted and unrestricted resources are available for use, it is the Board's policy to use restricted resources first, and then unrestricted resources as they are needed.

(Continued)

THE MENTAL HEALTH BOARD OF CHILTON AND SHELBY COUNTIES, INC.

NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2013 AND 2012

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Capital Assets

Capital assets are stated at historical cost. Replacements, maintenance and repairs which do not improve or extend the life of the respective assets are charged to operations as incurred. Donated fixed assets are stated at their fair value on the date donated. Interest costs are capitalized when incurred on debt where proceeds were used to finance the construction of assets. Capitalized interest included in construction in progress for the years ended September 30, 2013 and September 30, 2012 were \$-0- and \$-0-, respectively.

Depreciation of capital assets is on the straight-line method. The estimated useful lives are as follows:

<u>Description</u>	<u>Life</u>
Automotive equipment	5-7
Buildings and building improvements	25-40
Computer equipment	5-7
Land and land improvements	25-40
Leasehold improvements	25-40
Office furniture and equipment	7-10
Machinery and equipment	7-10

Compensated Absences

For vacation and other compensated absences with similar characteristics, Governmental Accounting Standards Standards requires the accrual of a liability as the benefits are earned by the employees if both of the following conditions are met:

- a. The employees' right to receive compensation is attributable to services already rendered.
- b. It is probable that the employer will compensate the employees for the benefits through paid time off or some other means, such as cash payments at termination or retirement.

An accrual for earned sick leave should be made only to the extent it is probable that the benefits will result in termination payments, rather than be taken as absences due to illness or other contingencies, such as medical appointments and funerals.

(Continued)

THE MENTAL HEALTH BOARD OF CHILTON AND SHELBY COUNTIES, INC.

NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2013 AND 2012

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Compensated Absences (Continued)

The Board allows employees to accumulate unused sick leave to a maximum of 120 days. Full-time employees hired before November 12, 1997 are allowed to accumulate unused annual leave to a maximum of 60 days. Full-time employees hired after or on November 12, 1997 are allowed to accumulate unused annual leave to a maximum of 30 days. Upon termination, a 30 day notice is required of personnel who leave voluntarily. The employee will receive compensation for all accrued, but unused, vacation leave time up to 60 days if hired before November 12, 1997 or 30 days if hired on or after this date, as long as a 30 day notice is worked. The employee will forfeit all unused sick leave upon termination of employment. At retirement, employees will be paid for one-half of sick leave or all 120 days will apply towards retirement.

Net Position

In accordance with GASB Standards, the Board classified net position into three components - invested in capital assets, net of related debt; restricted; and unrestricted. The classifications are defined as follows:

Invested in capital assets, net of related debt - This component of net position consists of capital assets, including restricted capital assets, net of accumulated depreciation and reduced by the outstanding balances of any bonds, mortgages, notes, or other borrowings that are attributable to the acquisition, construction, or improvements of those assets. If there are significant unspent related debt proceeds at year-end, the portion of the debt attributable to the unspent proceeds are not included in the calculation of invested in capital assets, net of related debt. Rather, that portion of the debt is included in the same net position component as the unspent proceeds.

Restricted net position - This component of net position consists of constraints placed on net position use through external constraints imposed by creditors (such as debt covenants), grantors, contributors, or laws or regulations of other governments or constraints imposed by law through constitutional provisions or enabling legislation.

Unrestricted net position - This component of net position consist of net position that do not meet the definition of "restricted" or "invested in capital assets, net of related debt".

(Continued)

THE MENTAL HEALTH BOARD OF CHILTON AND SHELBY COUNTIES, INC.

NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2013 AND 2012

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

The Board's revenues are generated predominately from the provision of services for mental illness, intellectual disabilities, drug prevention, and drug treatment primarily in Chilton and Shelby counties in central Alabama. Laws and regulations governing Medicare and Medicaid programs are complex and subject to interpretation. The Board believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory actions including fines, penalties, and exclusion from the Medicare and Medicaid programs. Revenues from consumers covered by Medicare were \$38,655 and \$30,712 for the years ended September 30, 2013 and 2012, respectively. Revenues for consumers covered by Medicaid, including Medicaid waiver services, were \$2,304,023 and \$2,763,759 for the years ended September 30, 2013 and 2012, respectively.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Income Taxes

The Mental Health Board is a tax exempt organization under the provisions of Section 501(c)(3) of the Internal Revenue Code and the Code of Alabama 1975, 22-51-1 through 22-51-14.

(Continued)

THE MENTAL HEALTH BOARD OF CHILTON AND SHELBY COUNTIES, INC.

NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2013 AND 2012

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Recent Accounting Pronouncements

GASB Statement No. 63:

In June 2011, the GASB issued GASB Statement No. 63, Financial Reporting of Deferred Outflows of Resources, Deferred Inflows of Resources, and Net Position. This Statement, effective for periods beginning after December 15, 2011, provides financial reporting guidance for deferred outflows of resources and deferred inflows of resources. Concepts Statement No. 4, Elements of Financial Statements, introduced and defined those elements as a consumption of net assets by the government that is applicable to a future reporting period, and an acquisition of net assets by the government that is applicable to a future reporting period, respectively. Previous financial reporting standards do not include guidance for reporting those financial statement elements, which are distinct from assets and liabilities. Concepts Statement 4 also identifies net position as the residual of all other elements presented in a statement of financial position. This Statement amends the net asset reporting requirements in Statement No. 34, Basic Financial Statements and Management's Discussion and Analysis for State and Local Governments, and other pronouncements by incorporating deferred outflows of resources and deferred inflows of resources into the definitions of the required components of the residual measure and by renaming that measure as net position, rather than net assets. The Board has implemented GASB Statement No. 63 in fiscal year 2013, and as a result, the financial statements have been renamed accordingly.

GASB Statement No. 65:

In March 2012, the GASB issued GASB Statement No. 65, Items Previously Reported as Assets and Liabilities. This Statement, effective for periods beginning after December 15, 2012, reclassifies certain items currently being reported as assets and liabilities as deferred outflows of resources and deferred inflows of resources, as well as recognizes certain items currently being reported as assets and liabilities as outflows of resources and inflows of resources. This Statement also provides financial reporting guidance related to the impact of the financial statement elements deferred outflows of resources and deferred inflows of resources, such as changes in the determination of the major fund calculations and limiting the use of the term deferred in financial statement presentation. The Board is currently evaluating the financial statement impact of adopting this Statement. The implementation of GASB Statement No. 65 will require the Board to retroactively recognize bond issuance costs as outflows of resources and restate the financial statements by eliminating any carrying amounts of bond issuance costs and related amortization items.

(Continued)

THE MENTAL HEALTH BOARD OF CHILTON AND SHELBY COUNTIES, INC.

NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2013 AND 2012

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Recent Accounting Pronouncements (Continued)

GASB Statement No. 68:

In June 2012, the GASB issued GASB Statement No. 68, Accounting and Financial Reporting for Pensions. This Statement, effective for periods beginning after June 15, 2014 requires governments providing defined benefit pensions to recognize their long-term obligation for pension benefits as a liability for the first time, and to more comprehensively and comparably measure the annual costs of pension benefits. The Statement also enhances accountability and transparency through revised and new note disclosures and required supplementary information (RSI). The Board is currently evaluating the financial statement impact of adopting this Statement.

NOTE 2: CASH AND INVESTMENTS

As of September 30, 2013 the Board had the following cash and investments:

Cash and cash equivalents	\$ 2,890,044
Certificates of deposit	<u>272,714</u>
	<u>\$ 3,162,758</u>

Credit Risk

The Board's investment policy permits investments in direct obligations of agencies of the United States of America, obligations in which the principal and interest are unconditionally guaranteed by the United States of America, certificates of deposits, with FDIC insurance, or money market funds of financial and brokerage institutions which the Board has the power to invest directly in governmental securities or bonds which are qualified by the Board. Investments in U.S. government securities must be rated by Standard and Poor's or Moody's Investment Services as one of their four highest rated categories.

Interest Rate Risk

As a means of limiting its exposure to fair value losses arising from rising interest rates, the Board held less than two percent of the Board's total investments outstanding at year end in investments with maturities longer than one year.

THE MENTAL HEALTH BOARD OF CHILTON AND SHELBY COUNTIES, INC.

NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2013 AND 2012

NOTE 3: CAPITAL ASSET ACTIVITY

A summary of changes in capital assets is as follows:

	<u>Balance</u> <u>10/01/12</u>	<u>Additions</u>	<u>Deletions</u>	<u>Balance</u> <u>9/30/13</u>
Capital assets, not being depreciated:				
Land	\$ 78,929	\$	\$	\$ 78,929
Total capital assets, not being depreciated	<u>78,929</u>	<u>0</u>	<u>0</u>	<u>78,929</u>
Capital assets, being depreciated				
Automotive equipment	292,763			292,763
Buildings and building improvements	3,833,612	2,970		3,836,582
Computer equipment	631,901	29,274	(15,489)	645,686
Land improvements	95,159			95,159
Leasehold improvements	353,782	50,412	(840)	403,354
Machinery and equipment	115,743		(5,127)	110,616
Office furniture and equipment	<u>444,359</u>	<u>5,441</u>	<u>(13,027)</u>	<u>436,773</u>
Total capital assets being depreciated	<u>5,767,319</u>	<u>88,097</u>	<u>(34,483)</u>	<u>5,820,933</u>
Total capital assets	<u>5,846,248</u>	<u>88,097</u>	<u>(34,483)</u>	<u>5,899,862</u>

THE MENTAL HEALTH BOARD OF CHILTON AND SHELBY COUNTIES, INC.

NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2013 AND 2012

NOTE 3: CAPITAL ASSET ACTIVITY (Continued)

	<u>Balance</u> <u>10/01/12</u>	<u>Additions</u>	<u>Deletions</u>	<u>Balance</u> <u>9/30/13</u>
Less accumulated depreciation for:				
Automotive equipment	260,747	21,344		282,091
Buildings and building improvements	1,193,391	109,182		1,302,573
Computer equipment	403,040	99,191	(14,220)	488,011
Land improvements	52,351	3,616		55,967
Leasehold improvements	157,044	16,088	(538)	172,594
Machinery and equipment	109,696	1,832	(5,127)	106,401
Office furniture and equipment	361,631	17,544	(13,027)	366,148
Total accumulated depreciation	<u>2,537,900</u>	<u>268,797</u>	<u>(32,912)</u>	<u>2,773,785</u>
Total capital assets, being depreciated net	<u>3,229,419</u>	<u>(180,700)</u>	<u>(1,571)</u>	<u>3,047,148</u>
Total capital assets, net	<u>\$ 3,308,348</u>	<u>\$ (180,700)</u>	<u>\$ (1,571)</u>	<u>\$ 3,126,077</u>

THE MENTAL HEALTH BOARD OF CHILTON AND SHELBY COUNTIES, INC.

NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2013 AND 2012

NOTE 4: LONG-TERM DEBT

Note payable to BB&T Bank - principal sum of \$1,500,000 with interest at the rate of 4.75% per annum. The note is payable in 240 monthly installments of \$9,697.17 beginning June, 2010, with the final installment due May 2030. The note is secured by a mortgage on constructed building.

Balance 10/01/12	Additions	Reductions	Balance 9/30/13	Due Within One Year
\$ 1,387,939	\$ 0	\$ 50,661	\$ 1,337,278	\$ 54,005

Maturities of notes payable are as follows:

Year Ended September 30,	Principal	Interest	Totals
2014	\$ 54,005	\$ 62,361	\$ 116,366
2015	56,627	59,739	116,366
2016	59,376	56,990	116,366
2017	62,259	54,107	116,366
2018	65,281	51,085	116,366
2019-2023	377,137	204,693	581,830
2024-2028	478,014	103,816	581,830
2029-2030	184,579	7,716	192,295
	<u>\$ 1,337,278</u>	<u>\$ 600,507</u>	<u>\$ 1,937,785</u>

THE MENTAL HEALTH BOARD OF CHILTON AND SHELBY COUNTIES, INC.

NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2013 AND 2012

NOTE 5: DEFINED BENEFIT PENSION PLAN

The Board contributes to the Employees' Retirement System of Alabama, an agent multiple-employer public employee retirement system, that acts as a common investment and administrative agent for the various state agencies and departments.

Substantially all employees are members of the Employees' Retirement System of Alabama. Membership is mandatory for covered or eligible employees of the Board. Benefits vest after 10 years of creditable service. Vested employees may retire with full benefits at age 60 or after 25 years of service. Retirement benefits are calculated by two methods with the retiree receiving payment under the method that yields the highest monthly benefit. The methods are (1) Minimum Guaranteed, and (2) Formula, of which the Formula method usually produces the highest monthly benefit. Under this method retirees are allowed 2.0125% of their annual salary (best three of the last ten years) for each year of service. Disability retirement benefits are calculated in the same manner. Pre-retirement death benefits in the amount of the annual salary for the fiscal year preceding death is provided to plan members.

The Employees' Retirement System was established as of October 1, 1945, under the provisions of Act 515, Acts of Alabama, 1945, for the purpose of providing retirement allowances and other specified benefits for State employees, State police, and on an elective basis to all cities, counties, towns, and quasi-public organizations. The responsibility for general administrative and operation of the Employees' Retirement System is vested in the Board of Control. Benefit provisions are established by the Code of Alabama 1975, Sections 36-27-1 through 36-27-103, as amended, Sections 36-27-120 through 36-27-139, as amended, and Sections 36-27B-1 through 36-27B-6. Authority to amend the plan rests with the Legislature of Alabama. However, the Legislature has granted the Commission authority to accept or reject various Cost-of-Living-Adjustments (COLAs) granted to retirees.

The Retirement Systems of Alabama issues a publicly available financial report that includes financial statements and required supplementary information for the Employees' Retirement System of Alabama. That report may be obtained by writing to The Retirement Systems of Alabama, 201 South Union Street, Montgomery, Alabama 36130-2150.

Information concerning covered salaries, actuarially determined contribution requirements and amounts contributed are as follows:

Covered salaries - 5% Employees	\$ 3,304,540
Covered salaries - Tier II 6% Employees	<u>386,717</u>
Total Covered Salaries	\$ <u>3,691,257</u>
Total salaries	\$ <u>4,093,026</u>

(Continued)

THE MENTAL HEALTH BOARD OF CHILTON AND SHELBY COUNTIES, INC.

NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2013 AND 2012

NOTE 5: DEFINED BENEFIT PENSION PLAN (Continued)

Contributions

Board - 5% Employees	\$ 188,359
Board - Tier II 6% Employees	<u>13,148</u>
Total Board Contributions	\$ <u>201,507</u>
Employees - 5% Employees	\$ 165,227
Employees - Tier II 6% Employees	<u>23,203</u>
Total Employee Contributions	\$ <u>188,430</u>

Actuarially Determined Contribution Rates

Board - 5% Employees	<u>5.70</u> %
Board- Tier II 6% Employees	<u>3.40</u> %
Employees - 5% Employees	<u>5.00</u> %
Employees - Tier II - 6% Employees	<u>6.00</u> %

Contribution as a Percentage of Covered Salaries

Board - 5% Employees	<u>5.70</u> %
Board - Tier II 6% Employees	<u>3.40</u> %
Employees - 5% Employees	<u>5.00</u> %
Employees - Tier II 6% Employees	<u>6.00</u> %

(Continued)

THE MENTAL HEALTH BOARD OF CHILTON AND SHELBY COUNTIES, INC.

NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2013 AND 2012

NOTE 5: DEFINED BENEFIT PENSION PLAN (Continued)

The pension benefit obligation is the actuarial present value of credited projected benefits, a standardized disclosure measure of the present value of pension benefits, adjusted for the effect of projected salary increases, estimated to be payable in the future as a result of employee service to date. At September 30, 2012, the pension benefit obligation and net assets available for benefit are as follows:

Net assets available for benefits	\$ 6,347,518
Pension benefit obligation	<u>7,554,958</u>
 Pension Benefit Obligation in excess of Net Assets	 \$ <u>1,207,440</u>

Actuarial Information

Valuation date	9/30/2012
Actuarial cost method	Entry age
Amortization method	Level percent open
Remaining amortization period	30 years
Asset valuation method	5-year smoothed market
Actuarial assumptions:	
Investment rate of return	8.00%
Projected salary increases	3.75 - 7.25%
Includes inflation at	3.00%
Cost-of-living adjustments	None

Trend Information

<u>Fiscal Year Ending</u>	<u>Annual Pension Cost (APC)</u>	<u>Percentage of APC Contributed</u>	<u>Net Pension Obligation (NPO)</u>
9/30/10	\$ 116,196	100 %	\$ 0
9/30/11	\$ 128,308	100 %	\$ 0
9/30/12	\$ 157,847	100 %	\$ 0

THE MENTAL HEALTH BOARD OF CHILTON AND SHELBY COUNTIES, INC.

NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2013 AND 2012

NOTE 6: LEASE COMMITMENTS

Commitments under lease agreements for facilities for minimum annual rental payments as follows:

<u>Year Ending</u> <u>September 30</u>	
2014	\$ 4
2015	4
2016	4
2017	4
2018	<u>4</u>
	\$ <u>20</u>

The rent expense for the year ended September 30, 2013 was \$94,660. The rent expense included temporary lease agreements for consumers as part of the supported housing agreement with the State of Alabama. The temporary lease agreements for consumers varies by consumer to consumer and location to location, and as such may change each year. These lease agreements are for the benefit of the consumer and the expenses for these leases are reimbursed by the State of Alabama. Due to the exact amount of the leases for consumers being undeterminable they are not reflected above.

NOTE 7: SUPPLEMENTAL DISCLOSURES OF CASH FLOW INFORMATION

Interest Paid

Total interest paid on debt	\$ <u>65,576</u>
Total interest expensed	\$ <u>65,576</u>
Total interest capitalized	\$ <u>0</u>

THE MENTAL HEALTH BOARD OF CHILTON AND SHELBY COUNTIES, INC.

NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2013 AND 2012

NOTE 8: CONTINGENCIES

Risk Financing

The Board is exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; and natural disasters. These risks are covered by commercial insurance purchased from independent third parties. Settled claims from those risks have not exceeded commercial insurance coverage for the past three years. There were no significant reductions in insurance coverage in the prior year.

Grants

In the normal course of operations the Board may receive funds from various governmental agencies. The grant programs are subject to audit by agents of the granting authorities, the purpose of which is to ensure compliance with conditions precedent to the granting of funds. Any liability for reimbursement which may arise as the result of these audits is not believed to be material.

NOTE 9: SUBSEQUENT EVENTS

Management has evaluated subsequent events through February 1, 2014, which is the date the financial statements were available to be issued, for events requiring recording or disclosure in the financial statements for the year ended September 30, 2013. No items requiring recording or disclosure were noted.

REQUIRED SUPPLEMENTARY INFORMATION

THE MENTAL HEALTH BOARD OF CHILTON AND SHELBY COUNTIES, INC.

REQUIRED SUPPLEMENTARY INFORMATION
SCHEDULE OF FUNDING PROGRESS OTHER
POSTEMPLOYMENT BENEFITS
FOR THE YEAR ENDED SEPTEMBER 30, 2013

Schedule of Funding Progress

<u>Actuarial Valuation Date</u>	<u>Actuarial Value of Assets</u>	<u>Actuarial Accrued Liability</u>	<u>Unfunded AAL (UAAL)</u>	<u>Covered Payroll</u>	<u>UAAL as a Percentage of Covered Payroll</u>
9/30/10	\$ 6,430,923	\$ 7,514,882	\$ 1,083,959	\$ 3,671,509	29.5 %
9/30/11	\$ 6,312,278	\$ 7,317,570	\$ 1,005,292	\$ 3,809,151	26.4 %
9/30/12	\$ 6,347,518	\$ 7,554,958	\$ 1,207,440	\$ 3,271,569	36.9 %

SUPPLEMENTARY INFORMATION

THE MENTAL HEALTH BOARD OF CHILTON AND SHELBY COUNTIES, INC.

SCHEDULE OF REVENUES
OCTOBER 1, 2012 THROUGH SEPTEMBER 30, 2013

	Patient Fees and Third Party Payers	Local	State Government	Federal Government	Other	Total
	\$				\$	\$
Patients	172,119					172,119
Third party payers	104,662					104,662
Drug screening	30,747					30,747
Group home - management fees	136,011					136,011
Group home - rental fees	249,975					249,975
SA client fees	175,458					175,458
Indigent Drug Program	1,832					1,832
Medicare	38,655					38,655
Local service contracts		48,050				48,050
Shelby County Health Foundation		400,000				400,000
Chilton County Commission		60,200				60,200
Shelby County Board of Education		25,947				25,947
Juvenile Liaison Grant			22,955			22,955
JBS Census Reduction Contract		684,000				684,000
Milestone Id Support				47,385		47,385
Mental Illness-Community Program			1,794,809			1,794,809
DHHS - Census Reduction			340,870			340,870
DHHS - Medicaid-Fee for service			335,711	743,201		1,078,912
DHHS - Case Management			7,220	15,691		22,911
DHHS - MR Service Contracts			347,441	755,422		1,102,863
DHHS - Living at Home Waiver			31,296	68,041		99,337
DHHS - Block Grant-Substance Abuse			19,769	391,036		410,805
DHHS - Permanent Supported Housing			92,995			92,995
DHHS - Block Grant-Children Set Aside				68,976		68,976
DHHS - Block Grant-Adult Services				25,748		25,748
State of Alabama - Disability Determination				4,329		4,329
Headstart program				4,455		4,455
Administrative fees- Katherine Vickery	7,116					7,116
Food stamps					24,514	24,514
United Way					26,950	26,950
Contributions and fundraisers					4,591	4,591
Job training					320	320
Miscellaneous income					2,063	2,063
	\$ 916,575	\$ 1,218,197	\$ 2,993,066	\$ 2,124,284	\$ 58,438	\$ 7,310,560

See independent auditor's report.

THE MENTAL HEALTH BOARD OF CHILTON AND SHELBY COUNTIES, INC.

SCHEDULE OF EXPENSES
OCTOBER 1, 2012 THROUGH SEPTEMBER 30, 2013

	Administrative Expenditures	Program Expenditures	Total Expenditures
Amortization	\$ 1,584	\$	\$ 1,584
Automotive fuel expense	4,050	11,853	15,903
Automotive operating expense	811	4,082	4,893
Bank charges	830	4,234	5,064
Client expenses		590	590
Clinical supplies	(1,405)	35,322	33,917
Computer expense	68,401	30,733	99,134
Consultants fees	35,000	16,019	51,019
Depreciation	101,131	168,497	269,628
Drug screening		21,255	21,255
Dues	16,088	294	16,382
Employee health insurance	50,054	397,076	447,130
Employee disease prevention	669		669
Employment screening	109	8,018	8,127
Equipment repairs and contracts	3,434	17,062	20,496
Facility maintenance	4,976	36,801	41,777
Food and food service supplies	2,060	150,050	152,110
Fund raising expenses		6,331	6,331
Ground maintenance	2,108	11,529	13,637
Household supplies	2,563	42,218	44,781
Insurance and bonding	33,880	82,447	116,327
Janitorial and cleaning	3,171	14,433	17,604
Life insurance	3,174		3,174
Miscellaneous	835		835
Office supplies	11,012	34,753	45,765
Payroll taxes	43,321	290,019	333,340
Pest control	1,563	5,190	6,753
Postage	2,665	6,909	9,574
Printing	3,013	4,361	7,374
Professional development	4,244	12,993	17,237
Professional development - lodging	4,339	2,381	6,720
Professional development - meals	662	523	1,185
Professional fees	57,481	232,674	290,155
Public relations, advertising	2,802	12,696	15,498
Rent		94,660	94,660
Retirement system expense	31,924	169,583	201,507
Salaries and wages	573,406	3,537,691	4,111,097
Small tools and equipment	1,813	19,000	20,813
Telephone	5,648	39,879	45,527
Telephone - cell	3,281	10,945	14,226
Telephone - pagers		2,123	2,123
Transportation contract		180,704	180,704
Travel - staff	14,874	171,804	186,678
Uncollectible client receivable		20,040	20,040
Utilities - cable		3,826	3,826
Utilities - electricity	12,547	100,920	113,467
Utilities - gas	139	9,777	9,916
Utilities - waste disposal	650	8,135	8,785
Utilities - water	983	17,796	18,779
Wyatt bed crisis		47,000	47,000
Totals	\$ 1,109,890	\$ 6,095,226	\$ 7,205,116

See independent auditor's report.

THE MENTAL HEALTH BOARD OF CHILTON AND SHELBY COUNTIES, INC.

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED SEPTEMBER 30, 2013

Federal Grantor/ Pass-through Grantor/ Program Title	Federal CFDA Number	Assistance Period	Budget		Revenue Recognized	Expenditures
			Total	Federal Share		
<u>U.S. Department of Health & Human Services</u>						
<u>Passed Through the Alabama Department of Mental Health</u>						
Block Grant for Community Mental Health Services	93.958	10/01/2012 09/30/2013	\$ 68,976	\$ 68,976	\$ 68,976	\$ 68,976
Block Grant for Community Mental Health Services	93.958	10/01/2012 09/30/2013	25,748	25,748	25,748	25,748
Block Grant for the Prevention and Treatment of Substance Abuse	(M) 93.959	10/01/2012 09/30/2013	391,036	391,036	391,036	391,036
Headstart Program	93.708	10/01/2012 09/30/2013	4,455	4,455	4,455	4,455
Total U.S. Department of Health & Human Services			490,215	490,215	490,215	490,215
<u>U.S. Department of Education</u>						
<u>Passed Through the Alabama</u>						
<u>Department of Rehabilitation Services</u>						
Vocational Rehabilitation Grant	84.126	10/01/2012 09/30/2013	47,385	47,385	47,385	47,385
Total U.S. Department of Education			47,385	47,385	47,385	47,385
<u>U.S. Department of Social Security Administration</u>						
<u>Passed Through the Alabama</u>						
<u>Department of Education</u>						
Social Security Disability Insurance	96.001	10/01/2012 09/30/2013	4,329	4,329	4,329	4,329
Total U.S. Department of Social Security Administration			4,329	4,329	4,329	4,329
Total Federal Awards			\$ 541,929	\$ 541,929	\$ 541,929	\$ 541,929

(M) Designates a major program

The accompanying Notes to the Schedule of Expenditures of Federal Awards are an integral part of this statement.

THE MENTAL HEALTH BOARD OF CHILTON AND SHELBY COUNTIES, INC.

NOTES TO THE SCHEDULE OF EXPENDITURES
OF FEDERAL AWARDS
FOR THE YEAR ENDED SEPTEMBER 30, 2013

NOTE 1: BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal awards includes the federal grant activity of The Mental Health Board of Chilton and Shelby Counties, Inc. and is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Therefore, some amounts presented in this schedule may differ from amounts presented in, or used in the preparation of, the financial statements.

NOTE 2: OTHER

The Mental Health Board of Chilton and Shelby Counties, Inc. did not receive any non-cash assistance federal awards, insurance from Federal Programs, or Federal loan or loan guarantees, during the year ended September 30, 2013.

NOTE 3: SUBRECIPIENTS:

The Mental Health Board of Chilton and Shelby Counties, Inc. did not provide any federal awards to subrecipients for year ended September 30, 2013.

ADDITIONAL INFORMATION

THE MENTAL HEALTH BOARD OF CHILTON AND SHELBY COUNTIES, INC.

BOARD OF DIRECTORS AND OFFICIALS
FOR THE YEAR ENDED SEPTEMBER 30, 2013

<u>Board Members</u>	<u>Comments</u>	<u>Term Expires</u>
Kathlyn Lathion P.O. Box 342 Montevallo, Alabama 35115	President	4/1/17
Larry Mahaffey P.O. Box 1115 Clanton, Alabama 35045	Vice-President	4/1/19
Joy Traywick 2199 County Road 18 West Clanton, Alabama 35045	Secretary/Treasurer	4/1/17
Allison Boyd 405 Greystone Glen Circle Birmingham, Alabama 35242	Member	5/14/18
Tom Brown 1200 County Road 89 Clanton, AL 35046	Member	4/1/15
Ed Carter 411 Acer Trail Alabaster, Alabama 35007	Member	5/13/17
Mary Julia Hall P.O. Box 159 Jemison, AL 35085	Member	4/1/17
John Hollis Jackson, III P.O. Box 1818 Clanton, AL 35046	Member	4/1/15
Kim Melton 6046 Woodvale Road Helena, AL 35080	Member	4/1/15
Claire Owens 624 Olde Towne Lane Alabaster, Alabama 35007	Member	4/01/17
<u>OFFICIALS</u> Melodie Crawford	Chief Executive Officer	

OTHER REPORTS

DeLOACH, BARBER & CASPERS, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

2020 Hwy 33
Pelham, Alabama 35124
(205) 822-6350

John H. DeLoach, CPA
S. Wayne Barber II, CPA
John E. Caspers, MBA, CPA

Mailing Address
2020 Hwy 33
Pelham, Alabama 35124
Fax: (205) 822-1408
Website: www.dbccpas.com

INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

President and Members of the Board of Directors
The Mental Health Board of Chilton and Shelby Counties, Inc.

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of The Mental Health Board of Chilton and Shelby Counties, Inc., as of and for the year ended September 30, 2013, and the related notes to the financial statements, and have issued our report thereon dated February 1, 2014.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered The Mental Health Board of Chilton and Shelby Counties, Inc.'s internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of The Mental Health Board of Chilton and Shelby Counties, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of The Mental Health Board of Chilton and Shelby Counties, Inc.'s internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the The Mental Health Board of Chilton and Shelby Counties, Inc.'s, financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

DeLoach, Barber & Caspers, P. C.

February 1, 2014

DeLOACH, BARBER & CASPERS, P.C.

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Pelham, Alabama 35124
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John H. DeLoach, CPA
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INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY OMB CIRCULAR A-133

President and Members of the Board of Directors
The Mental Health Board of Chilton and Shelby Counties, Inc.

Report on Compliance with Each Major Federal Program

We have audited The Mental Health Board of Chilton and Shelby Counties, Inc.'s compliance with the types of compliance requirements described in the **OMB Circular A-133 Compliance Supplement** that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2013. The Mental Health Board of Chilton and Shelby Counties, Inc.'s major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grant applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about The Mental Health Board of Chilton and Shelby Counties, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of The Mental Health Board of Chilton and Shelby Counties, Inc.'s compliance.

Opinion on Each Major Federal Program

In our opinion, The Mental Health Board of Chilton and Shelby Counties, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2013.

Report on Internal Control Over Compliance

Management of The Mental Health Board of Chilton and Shelby Counties, Inc. is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered The Mental Health Board of Chilton and Shelby Counties, Inc.'s internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of The Mental Health Board of Chilton and Shelby Counties, Inc.'s internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.

DeLoach, Barber & Caspers, P. C.

February 1, 2014

THE MENTAL HEALTH BOARD OF CHILTON AND SHELBY COUNTIES, INC.

SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED SEPTEMBER 30, 2013

Section I - Summary of Auditor's Results

Financial Statements

Type of opinion issued:	Unmodified
Internal control over financial reporting:	
Material weaknesses identified?	No
Significant deficiencies identified?	None reported
Noncompliance material to financial statements noted?	No

Federal Awards

Internal control over major programs:	
Material weaknesses identified?	No
Significant deficiencies identified?	None reported
Type of auditor's report issued on compliance for major programs:	Unmodified
Any audit findings disclosed that are required to be reported in accordance with Section 510(a) of Circular A-133?	No

Major Programs

Block Grant for Treatment and Prevention of Substance Abuse	CFDA # 93.959
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Federal programs are classified as either Type A or Type B programs. According to criteria established by OMB Circular A-133, The Mental Health Board of Chilton and Shelby Counties, Inc. did qualify as a low-risk auditee. The dollar threshold used to distinguish between Type A and Type B programs was \$300,000.

Section II - Financial Statement Findings (GAGAS)

The audit did not disclose any findings or questioned costs required to be reported.

Section III - Federal Awards Findings and Questioned Costs

The audit did not disclose any findings or questioned costs required to be reported.

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2020 Hwy 33
Pelham, Alabama 35124
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**REPORT ON COMPLIANCE WITH DEPARTMENT
OF MENTAL HEALTH CONTRACTS**

President and Members of the Board of Directors
The Mental Health Board of Chilton and Shelby Counties, Inc.

We have audited contract/grant/agreement numbers G3-3257-54H, G3-1032749 and G3-1344-24 between the Department of Mental Health (DMH) and The Mental Health Board of Chilton and Shelby Counties, Inc. as of and for the year ended September 30, 2013.

Compliance with the DMH contracts/grants/agreements, and all laws, rules, and regulations applicable to The Mental Health Board of Chilton and Shelby Counties, Inc. is the responsibility of The Mental Health Board of Chilton and Shelby Counties, Inc.'s management. As part of obtaining reasonable assurance about whether the contract/grant/agreement, and all applicable laws, rules, and regulations were complied with, we performed certain tests of transactions and made other determinations as outlined in each requirement of Section 12, Audit for Compliance with the Contract of the DMH Audit Guidelines. Revenues and expenditures were analyzed to determine if they were in compliance with applicable terms and conditions of the contract/grant/agreement. Funds claimed as match for federal programs were audited to determine if they were allowable and adequate to match the federal funds received.

The results of our tests disclosed no material instances of noncompliance with the DMH contract/grant/agreement, and all applicable laws, and regulations.

This report is intended for the information of management and DMH. However, this report is a matter of public record and its distribution is not limited.

DeLoach, Barber & Caspers, P.C.

February 1, 2014

THE MENTAL HEALTH BOARD OF CHILTON AND SHELBY COUNTIES, INC.

SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS
FOR THE YEAR ENDED SEPTEMBER 30, 2013

SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS

There were no prior audit findings.

THE MENTAL HEALTH BOARD OF CHILTON AND SHELBY COUNTIES, INC.

AUDITEE RESPONSE/CORRECTIVE ACTION PLAN
SEPTEMBER 30, 2013

CORRECTIVE ACTION PLAN

There are no current audit findings. Therefore, a correction action plan is not required.